The Program of Comprehensive Assistance for Family Caregivers

Roles, Responsibilities and Requirements

The Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers is a clinical program that focuses on the needs of both the eligible Veteran/Servicemember and the eligible Primary and Secondary Family Caregivers. All eligibility criteria must be met in order to be approved and to continue to participate in the Program. Participation in the Program must be in the best interest of the Veteran/Servicemember – a determination that includes consideration of whether participation supports progress in rehabilitation and the Veteran/Servicemember’s well-being. This document explains the roles, responsibilities and requirements for Family Caregivers, Veterans/Servicemembers, and VA Caregiver Support Coordinators, participating in the Program of Comprehensive Assistance for Family Caregivers. Please ask your Caregiver Support Coordinator to explain any item in this document that you do not fully understand.

PRIMARY FAMILY CAREGIVER

An individual who wishes to be designated as a Primary Family Caregiver under the Program of Comprehensive Assistance for Family Caregivers must meet applicable criteria and requirements, including:

- Fully complete, sign, date and submit the Application for Comprehensive Assistance for Family Caregivers Program, VA Form 10-10CG. You and the identified Veteran/Servicemember (or the Veteran/Servicemember’s Representative or Power of Attorney) must sign the application.
- Be at least 18 years of age, and agree to perform personal care services for the Veteran/Servicemember, which are defined in the plan of care developed by the primary care team.
- Be a member of the Veteran/Servicemember’s family, such as a spouse, son, daughter, parent, step-family member, or extended family member, or if not related to the Veteran/Servicemember, you must live with the Veteran/Servicemember or will do so if designated as a Family Caregiver.
- Complete the required Caregiver training program as outlined in program regulations.

It is requested that designated Primary Family Caregivers:

- Work closely with the Veteran/Servicemember’s treatment team to support, promote, and encourage the Veteran/Servicemember in attaining the highest level of independence possible.
- Promptly inform the Veteran/Servicemember’s primary care team and the Caregiver Support Coordinator of any changes in the Veteran/Servicemember’s physical or mental health condition.
- Provide a written statement to the Caregiver Support Coordinator when the Veteran/Servicemember’s address changes, to avoid disruption of your stipend payment. This notification should be made any time the Veteran/Servicemember moves.
- Demonstrate flexibility in scheduling home visits. Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers.
- Promptly inform the Caregiver Support Coordinator:
  - If you are no longer willing or able to serve as the Veteran/Servicemember’s Primary Family Caregiver for any reason including a physical or mental health condition.
- If you or the Veteran/Servicemember is admitted to a hospital, long term care facility, rehabilitation facility, or residential treatment program, or become incarcerated.
- If there is any change to your address, telephone number or other contact information.
- If enrolled in the Civilian Health and Medical Program of VA (CHAMPVA), inform the Caregiver Support Coordinator:
  - If you become covered under a health-plan contract such as a commercial health insurance plan, Medicare, Medicaid, or a Workers’ Compensation law or plan.
  - If you become eligible for TRICARE.
  If you are covered by one of these plans you will not be eligible for CHAMPVA.
- Acknowledge the following:
  - Ongoing monitoring of the Veteran/Servicemember’s well-being will be conducted.
  - The stipend does not create an employment relationship between you and VA.
  - The stipend is not an entitlement but rather recognizes the care and support you provide to the Veteran/Servicemember.
  - The revocation of your status as Primary Family Caregiver can be requested by the Veteran/Servicemember at any time in writing.
  - Your status as Primary Family Caregiver may be revoked if you no longer meet Program requirements or participation in the program is no longer in the best interest of the Veteran/Servicemember as determined by VA.
  - Noncompliance with Program requirements as defined by law may result in your revocation as Primary Family Caregiver by VA.

SECONDARY FAMILY CAREGIVER
An individual who wishes to be designated as a Secondary Family Caregiver under the Program of Comprehensive Assistance for Family Caregivers must meet applicable criteria and requirements, including:
- Fully complete, sign, date and submit the Application for Comprehensive Assistance for Family Caregivers Program, VA Form 10-10CG. You and the identified Veteran/Servicemember (or the Veteran/Servicemember’s Representative or Power of Attorney) must sign the application. Complete a new VA Form 10-10CG application signed and dated by you and the Veteran/Servicemember (or the Veteran/Servicemember’s Representative or Power of Attorney) if you later apply to become the Primary Family Caregiver.
- Be at least 18 years of age, and agree to perform personal care services for the Veteran/Servicemember, which are defined in the plan of care developed by the primary care team.
- Be a member of the Veteran/Servicemember’s family, such as a spouse, son, daughter, parent, step-family member, or extended family member, or if not related to the Veteran/Servicemember, you must live with the Veteran/Servicemember or will do so if designated as a Family Caregiver.
- Complete the required Caregiver training program as outlined in program regulations.

It is requested that designated Secondary Family Caregivers:
- Work closely with the Veteran/Servicemember’s treatment team to support, promote, and encourage the Veteran/Servicemember in attaining the highest level of independence possible.
• Promptly inform the Veteran/Servicemember’s primary care team and the Caregiver Support Coordinator of any changes in the Veteran/Servicemember’s physical or mental health condition.

• Demonstrate flexibility in scheduling home visits. Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers.

• Promptly inform the Caregiver Support Coordinator:
  ▪ If you are no longer willing or able to serve as the Veteran/Servicemember’s Secondary Family Caregiver for any reason including a physical or mental health condition.
  ▪ If you or the Veteran/Servicemember is admitted to a hospital, long term care facility, rehabilitation facility, or residential treatment program, or become incarcerated.
  ▪ If there is any change to your address, telephone number or other contact information.

• Acknowledge the following:
  ▪ Ongoing monitoring of the Veteran/Servicemember’s well-being will be conducted.
  ▪ The revocation of your status as Secondary Family Caregiver can be requested by the Veteran/Servicemember at any time in writing.
  ▪ Your status as Secondary Family Caregiver may be revoked if you no longer meet Program requirements or participation in the program is no longer in the best interest of the Veteran/Servicemember as determined by VA.
  ▪ Noncompliance with Program requirements as defined by law may result in your revocation as Secondary Family Caregiver by VA.

**VETERAN/SERVICEMEMBER**

A Veteran/Servicemember who wishes to participate in the Program of Comprehensive Assistance for Family Caregivers (or the Veteran/Servicemember’s Representative or Power of Attorney, as applicable) must meet applicable criteria and requirements, including:

• Fully complete, sign, date and submit the Application for Comprehensive Assistance for Family Caregivers Program, VA Form 10-10CG. You and the identified Primary Family Caregiver must sign the application. If one or two Secondary Family Caregivers are identified at the time of initial application, the Secondary Family Caregiver(s) must also sign this application. Adding a Secondary Family Caregiver after the initial application is submitted can occur by completing a second VA Form 10-10CG which is signed by you and the Secondary Family Caregiver.

• Agree to receive ongoing care from a primary care team selected by VA.

The Veteran/Servicemember is responsible for:

• Providing a written statement to VA (e.g., the Caregiver Support Coordinator) if you decide you want to change or revoke your Primary Family Caregiver or Secondary Family Caregiver(s).

• Following your local VA medical facility’s policies for Release of Information and Privacy, which allows you to authorize VA to share your health information with the Primary Family Caregiver.

It is requested that the Veteran/Servicemember:

• Notify the Caregiver Support Coordinator if you receive care from non-VA providers (that is not authorized by VA) for purposes of care coordination.
• Work closely with your Family Caregiver(s) and primary care team to attain your highest possible level of independence.
• Provide a written statement to the Caregiver Support Coordinator when your address changes, to avoid disruption of the Primary Family Caregiver’s stipend payment.
• Promptly inform the primary care team, Primary Family Caregiver and Caregiver Support Coordinator:
  ▪ If there are any changes in your physical or mental health condition.
  ▪ If you are admitted to a hospital, long term care facility, rehabilitation facility, or residential treatment program, or become incarcerated.
  ▪ If there are any changes in your Family Caregiver(s) address, telephone number or other contact information.
  ▪ If your Primary Family Caregiver is admitted to a hospital, long term care facility, residential treatment program, or rehabilitation facility, becomes incarcerated or is no longer providing personal care services.
• Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers.

CAREGIVER SUPPORT COORDINATORS
Many staff at VA have a role in managing the Caregiver Support Program at the VA medical facility, including the Medical Center Director and the Chief of Staff. The Caregiver Support Coordinator is the staff member that you will speak to the most. VA has the following responsibilities during the application process and throughout your participation in the Program of Comprehensive Assistance for Family Caregivers:
• Serving as an advocate for ensuring the availability of services and benefits for caregivers and the Veterans they serve.
• Provide education and information on Caregiver Support Program requirements including the requirements applicable to Veterans/Servicemembers and Primary and Secondary Family Caregivers for participation in the Program.
• Fully explain the application process to the Veteran/Servicemember and Primary and Secondary Family Caregiver applicants, including information in writing.
• Inform the Primary and Secondary Family Caregiver(s) of education and support services available to them.
• Discuss the potential risks of terminating any health insurance or other coverage in which the Primary Family Caregiver is currently enrolled or may become enrolled during the time they are an approved Primary Family Caregiver.
• Assist with coordinating services available under the Program of Comprehensive Assistance for Family Caregivers, including stipends for Primary Family Caregivers.
• Coordinate Program monitoring, which will include home visits to monitor the Veteran/Servicemember’s well-being, adequacy of care and supervision being provided.
• Engage Veterans/Servicemembers and Primary and Secondary Family Caregivers in active communication throughout the application process and provide clear communication regarding any updates or changes in program status.
• Provide information on the Veterans Health Administration’s (VHA) clinical appeals process.
• Respond to the Primary and Secondary Family Caregivers’ questions and concerns.
• Report any suspicion of abuse or neglect per VHA and local VA policy.
• Maintain and protect Veteran/Servicemember and all Primary and Secondary Family Caregivers’ protected health information and confidentiality per local VA policy.
Review with each Veteran/Servicemember and Family Caregiver the eligibility criteria for the Program of Comprehensive Assistance for Family Caregivers, the Veteran’s treatment plan, and the criteria upon which the Family Caregiver’s designation may be revoked (including improvement in the Veteran's condition such that the eligibility criteria for the Program are no longer met, or if VA makes the clinical determination that having the Family Caregiver is no longer in the best interest of the Veteran).
By signing below, I acknowledge that I have reviewed and understand this document.

I understand that if I choose not to sign this form it will **NOT** affect my eligibility for the Program of Comprehensive Assistance for Family Caregivers or other VA benefits for which I am eligible.

Veteran/Servicemember or Representative/Power of Attorney

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Date______________________

Primary Family Caregiver

__________________________

Date______________________

Secondary Family Caregiver

__________________________

Date______________________

Secondary Family Caregiver

__________________________

Date______________________