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**NATIONAL FAMILY CAREGIVER SUPPORT, TITLE III, PART E**

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**State** **FAMILY CAREGIVER SUPPORT PROGRAM**  
**Project/Program:**

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**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION ON AGING**

**Federal Authorization:** Older Americans Act as Amended in 2006 (Public Law 109-365);  
Public Law 114-144, as amended in 2016.

**N. C. Department of Health and Human Services**  
Division of Aging

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SFY 2025 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: <https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports> At this site, click on the link entitled “Audit Confirmation Reports (State Fiscal Year 2024-2025). Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select “Non-Governmental Audit Confirmation Reports (State Fiscal Years Oct’ 2023-2025).

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The auditor should not consider the Supplement to be “safe harbor” for identifying audit procedures to apply in a particular engagement, but the auditor should be prepared to justify departures from the suggested procedures. The auditor can consider the supplement a “safe harbor” for identification of compliance requirements to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.

The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

**Auditors may request documentation of monitoring visits by the State Agencies.**

The North Carolina Division of Aging (DA) issues a Notice of Grant Award (NGA) each fiscal year when funds are allocated to the Area Agencies on Aging (AAA). DA also revises NGAs during the fiscal year as necessary. Auditors should review the NGAs on file at the AAA to determine actual funding amounts. The last NGA issued for the year shows the total amount of funds by source awarded to the AAA.

This State Compliance Supplement must be used in conjunction with the OMB 2025 Compliance Supplement which is scheduled to be issued in May 2025. The OMB supplement will include "Part 3 - Compliance Requirements," for the types that apply, and "Part 6 - Internal Control." If a federal Agency issued guidance for a specific program, this will be included in "Part 4 - Agency Program". The OMB Compliance Supplement is Section A of the State Compliance Supplement.

### **I. PROGRAM OBJECTIVE**

The Older Americans Act reauthorization on November 13, 2000, created the National Family Caregiver Support Program, (OAA, Title III, Part E), targeted to serve the needs of (1) Individuals (families) caring for adults age 60 and older and (2) Grandparents or older individuals who are a relative caregiver, age 55 and older, who are caring for relative minor children or adult with disability. The funding is required to be distributed via the intrastate funding formula to Area Agencies on Aging. Funding may be used to provide a multifaceted system of services in five categories:

- 1) information about available services;
- 2) assistance to caregivers in gaining access to services;
- 3) individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving role;
- 4) respite care to enable caregivers to be temporarily relieved from their caregiving roles; and,
- 5) supplemental services, on a limited basis, to complement the care provided by caregivers.

The DA and Area Agencies on Aging have the flexibility to determine the funding allocated to these services. However, the categories of grandparents/relative caregivers and supplemental services are designated to be on a limited basis. No more than twenty percent (20%) of the federal funding should be dedicated to the supplemental category statewide and no more than ten percent (10%) of the funding should be designated to grandparents or older individuals who are relative caregivers.

### **II. PROGRAM PROCEDURES**

Funds are provided to states, in accordance with a predefined formula, upon submission of a state plan to the Commissioner on Aging in HHS. States then allocate funds to Area Agencies on Aging through the intrastate funding formula which provides for a comprehensive services delivery plan for their respective planning and service area. Part E funding is administered through Area Agencies on Aging designated by the DA. Area Agencies on Aging are required to submit a regional area plan which includes activities specific to the Family Caregiver Support Program. As deemed necessary, services are delivered either by the Area Agency directly, or by provider agencies as established through contracts. Area Agencies providing direct service must submit a direct service waiver and receive written approval from the DA for services and/or activities provided within Category II, III, IV or V (except for information and assistance and/or outreach).

At the discretion of the DA, a small portion of the Title III-E funds may be used to support the Planning and Administration efforts of the Area Agencies.

Area Agencies monitor the Title III-E subrecipients to ensure that approved Family Caregiver Support Program activities and services are conducted within the terms of the contract. Area

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Agencies on Aging will be monitored annually by the DA to insure compliance with their approved area plan.

### III. COMPLIANCE REQUIREMENTS

Noted below in the following matrix are the types of compliance requirements (Types) that are applicable to the federal program. These Types are either determined by the federal agency or the State Agency may have added the Type. This is noted by "Y." If the State determines that the federal requirement does not apply at the local level or if the State modifies the federal requirements, this is discussed in the supplement under the type of compliance requirement. If the federal and/or State agencies have determined that the type is not applicable, this is indicated by "N."

If the Type is applicable, the auditor must determine if the Type has a direct and material effect on the federal program for the auditee. The auditor must use the OMB 2025 Compliance Supplement, Part 3 and Part 4 (if an OMB supplement is issued) in addition to this State supplement to perform the audit.

A	B	C	E	F	G	H	I	J	L	M	N
Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Eligibility	Equipment/ Real Property Management	Matching, Level of Effort, Earmarking	Period Of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y

#### A. ACTIVITIES ALLOWED OR UNALLOWED

The National Family Caregiver Support Program (OAA, Title III, Part E) funding is to provide a multifaceted system of services for family caregivers and grandparents or older individuals who are relative caregivers. The following are the allowable service categories:

- 1) Information Services** – A service for caregivers that provides the public and individual with information on resources and services available to the individuals within their communities, conducting media campaigns, and other similar activities.
- 2) Access Assistance** – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
- 3) Counseling** – Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

- 4) Respite Care** – Services which offer temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) Respite provided by attendance of the care recipient at a nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
- 5) Supplemental Services** – Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. No more than 20 percent of the federal funding can be dedicated to supplemental services. Services must be on a temporary basis.

**B. ALLOWABLE COSTS/COST PRINCIPLES**

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M .0201.

**C. CASH MANAGEMENT**

Payment is made to the Area Agency on Aging based on the total expenditure amount, by category, for services rendered. Expenditures are reported through the Aging Resources Management System (ARMS) for the DA. The total funding amount is stated on the Negotiated Grant Agreement (NGA) between the Division and Area Agency. Monthly reimbursement to the Area Agency can be verified through the ARMS report series ZGA 370-12. Service categories are as follows: **810** – Information; **820** – Assistance with access; **830** – Training, Support Groups, and Counseling Services; **840** – Respite services; and **850** – Supplemental services. Note: Service categories 810, 820, 830, 840 and 850 are not valid service codes. See table below for service codes.

<b>Information (810)</b>	
Community and Program Planning	811
Information, Education Programs, and Community Events	812
Program Promotion & Public Information	814

<b>Assistance with Access (820)</b>	
Community and Program Planning	821
Information & Assistance (unregistered)	822

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Caregiver Resource Consultation	823
Develop caregiver emergency plan	824

### **Family Counseling/Support Groups (830)**

Community and Program Administration	831
Caregiver Counseling	832
Support Groups	833
Caregiver Training Programs	835

### **Respite Services (840)**

Community and Program Administration	841
In-Home Respite	842
Community Respite	843
Caregiver Directed Vouchers	844
Residential Facility Respite	846
Older Relative Caregiver Respite (Day)	847
Older Relative Caregiver Respite (Hourly)	848
Other Respite Approved by DA	849

### **Supplemental Services (850)**

Community and Program Administration	851
Handyman Service or Yardwork	853
Assistive Technology	854
Home Modifications/Accessibility	855
Personal Emergency Response Alarm Systems	856
Incontinence Supplies	857
Liquid Nutritional Supplements	859
Home Delivered Meals (temporary)	860

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Legal Assistance	861
Other Supplemental Approved by DA	862
Transportation	863

### E. ELIGIBILITY

**The caregiver is the client of the Family Caregiver Support Program.**

#### I. Family Caregivers

A family caregiver is a family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.

**Eligible family caregivers are:**

- An adult of any age providing unpaid care for an adult age 60 or older.
- An adult of any age providing care for an individual with Alzheimer’s Disease or related dementia.

#### II. Older relative caregivers

A caregiver who is age 55 or older, lives with, is the information provider of in-home and community-based care to and is the primary caregiver for a child or individual with a disability.

**Eligible older relative caregivers are:**

- A relative caregiver (not a parent), age 55 or older, living with and raising a child age 18 or under
- A relative or parent, age 55 or older, living with and raising an adult child (age 19-59) with a disability

### G. MATCHING, LEVEL OF EFFORT, EARMARKING

The non-federal matching requirement of 25% has been provided through the DA. No local matching requirement is currently required for the Title III Part E Family Caregiver Support Program.

As specified in Administrative Letter 12-07, to maximize limited funding and provide support to as many family caregivers as possible, the Division of Aging has implemented an annual per client cap on respite funds. Each caregiver household may receive no more than \$2500 in Family Caregiver Support Program funded respite services annually (based on fiscal year). Adherence to this annual cap is expected to be monitored and enforced by the Area Agency on Aging.

Level of effort and earmarking is not applicable at the local level.

### H. PERIOD OF PERFORMANCE

Funding is available to the local service provider for the duration of the state fiscal year (July 1 through June 30). Carry-forward of unobligated funding is not allowed unless

authorized by the Division. The current local provider funding is stated on the Provider Service Summary (DA-732). Funding available through the Division's Aging Resources Management System (ARMS) can be verified through the Area Plan Activity by County report (ZGA-515). This report is available through the Area Agency.

Funding is allocated by the Division to the Area Agency through the Notification of Grant Award (NGA). Funding available through the ARMS can be verified through the Area Agency Financial report (ZGA060 series). These reports are available through the Area Agency or the DA.

### **I. PROCUREMENT AND SUSPENSION AND DEBARMENT**

#### Procurement

As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Home and Community Care Block Grant. Community Service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider as affirmed in the Standard Assurances (DA-734). Furthermore, the County or Area Agency on Aging can recoup any required payback from the community service provider's failure to meet Uniform Guidance 2 CFR 200, requirements of 45 CFR, Part 1321, and 45 CFR, Part 92.

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform with federal agency codifications of the grants management common rule accessible on the Internet at <http://www.whitehouse.gov/omb/>

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Purchasing manual accessible on the Internet at: [NC DOA | Connecting Business and Government in North Carolina](#).

#### Suspension and Debarment

Not applicable at the local level

### **J. PROGRAM INCOME**

#### Supportive Services and Senior Centers

Each service provider must offer older persons an opportunity to voluntarily contribute toward the cost of the services they receive under Title III programs. Voluntary contributions shall be allowed and may be solicited for services received under the Older Americans Act if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185% the poverty line, at contribution levels based on the actual costs of services. Such contributions must be used to expand the provider's services to older persons. (45 CFR 1321.67) (OAA Section 315).

Providers are to exclude clients from consumer contribution policy requirements who receive adult day care, adult day health care, housing and home improvement, and in-home aide services AND who are receiving Work First assistance or who are applying for or receiving Supplemental Security Income (SSI).

Upon initiation of the provision of the service(s) subject to consumer contributions and at least annually thereafter, the service providing agency shall review with each client determined eligible to receive services subject to consumer contributions the following information:

1. that the contribution is entirely voluntary and that there is no obligation to contribute;
2. that all contributions collected shall be used to expand the service(s);
3. that information about the client's participation in consumer contributions shall be confidential;
4. who should be contacted, including the telephone number, if the client has questions regarding consumer contributions;
5. the total cost of the service (actual or per unit); and
6. that services shall not be reduced or terminated for failure to contribute.

Providers are required to provide a copy of the Recommended Contribution Schedule showing the recommended contribution amount based on the service recipient's self-declared income to clients who are 1) above the federal poverty guidelines and who 2) receive Adult Day services, Group Respite, Home Health, Housing and Home Improvement, In-Home Aide, Institutional Respite, and/or Mental Health Counseling.

Providers must have written procedures to collect, account for, and safeguard all consumer contributions.

### **Nutrition Services**

Each service provider must provide each older person with an opportunity to contribute voluntarily to the cost of the services provided, and all such contributions must be used to expand the services of the provider, increase the number of meals served, and provide access and/or other supportive services directly related to nutrition services. Voluntary contributions shall be allowed and may be solicited for services received under the Older Americans Act if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185% the poverty line, at contribution levels based on the actual costs of services. Providers of home delivered nutrition services shall maintain the completed Provider Assurance Form in each client's file verifying that the client was informed about the Consumer Contribution Policy.

Congregate Nutrition providers shall display posters or distribute flyers indicating informing clients about the Consumer Contributions Policy.

Providers shall have written procedures to account for and safeguard all contributions.

## **L. REPORTING**

- **Financial Reporting**

Area Agencies on Aging are required to report through the Aging Resources Management System (ARMS) the expenditures for all approved Family Caregiver Support activities as a non-unit-based service for each category.

- **Programmatic Reporting**



Area Agencies are required to report demographic information on individuals served, services and the quantity of services received through the Aging Resources Management System (ARMS). The Area Agencies on Aging are also required to maintain supportive documentation on community and program planning, development, organization of support groups, and administration (contract negotiation, reporting, reimbursement, accounting, monitoring, Q/A, and T/A), as well as the number of group activities provided with estimated audience size, and amount of funds/resources leveraged.

### **M. SUBRECIPIENT MONITORING**

Services provided under the Family Caregiver Support program can be provided directly by the Area Agency or contracted with local agencies outside of the Area Agency on Aging. Area Agencies are responsible for ensuring funds are used for the intended purpose, within the guidelines of the Act, as agreed in the contractual agreement between the Area Agency and the subrecipient/contractor.

Area Agencies should maintain financial and service backup documentation for requested reimbursement records.

#### Suggested Audit Procedure

- To provide direct service, the Area Agency on Aging must receive a waiver from the Division, prior to providing services other than information and assistance.

### **N. SPECIAL TESTS AND PROVISIONS**

1. Area Agencies and service providing agencies are required to maintain source documentation for expenditure reported. This data is entered into the Division's ARMS system for processing. Reimbursement is based on the total amount reported, by service category, in ARMS.

#### Suggested Audit Procedure

- The AAA's monitoring system for providers should be reviewed to determine if reimbursement requests from subrecipient is adequate (i.e. invoices, service logs, timesheets, travel logs, etc.).
2. Not more than twenty percent (20%) of the Federal funding can be dedicated to supplemental services.

#### Suggested Audit Procedures

- The approved budget should be compared to the reimbursement received to determine that no more than 20 percent of the Federal funding was utilized for supplemental services.