

Why residents should have an essential family caregiver (EFC)

For some residents, their family members and other outside caregivers play a critical role in providing the care and support they need day to day. The Essential Family Caregiver program allows a resident to continue to receive this kind of care and support in the event of visitation limitations or restrictions due to a declared emergency or public health emergency, like the COVID-19 pandemic. If you or a loved one receives routine care or support from personal caregivers, you should speak with the long-term care facility about their Essential Family Caregiver Program.

Requirements to be an EFC for a resident

There are two primary requirements to be appointed as an essential family caregiver. First, the caregiver must be at least 18 years of age. Second, they must have provided care and support to the resident on a routine basis, about twice a week on average, prior to the visitation limitations or restrictions. If the resident is newly admitted to a nursing home during a declared emergency or public health emergency, a person who provided care to them before their admission would also be able to apply as an essential family caregiver.

How to apply

Once the resident, or their designated representative for those who are deemed incapacitated or who are a resident of a memory care unit, identifies an individual they would want to serve as an EFC, the first thing they should do is reach out to the facility administrator for information about the facility's specific process. A resident, or their designated representative, may designate up to two (2) essential family caregivers. There are certain rules and requirements that a facility will have for their program so make sure to discuss these ahead of time before starting the application process. The facility administrator, or the administrator's designee, will approve or deny the application within seven days.

If an EFC application is denied, the justification for denial must be provided in writing, and the individual can request, in writing, that the administrator reconsider. If the application is denied again, and the applicant feels the decision is not justified, the applicant may report the denial, in writing, to the Indiana Department of Health or the long-term care ombudsman.

Essential Family Caregiver Expectations

- They will help provide care and support for the resident, similar to care and support provided prior to the visitation limitations or restrictions during a declared emergency or public health emergency, such as grooming, eating assistance, and companionship. This care can help supplement but should not replace the care provided by the facility. If the resident has multiple ERCs, the resident, or the resident's designated representative, will choose one to be the primary point of contact for communication and care coordination as it relates to the EFC program.
- They will be able and willing to take and pass any screening tests or other testing required by the facility during a public health emergency.
- They will follow precautionary measures such as appropriate hand hygiene, use of masks or other protective measures, as required by the facility.
- They will agree to the facility's visitation rules and abide by them.
- They will agree to only enter the specific resident's room and any other designated areas of the facility.

RESIDENT & FAMILY FREQUENTLY ASKED QUESTIONS

Q: Can a person apply to be an EFC now or do they need to wait until visitation is restricted by the next public health emergency?

A: The EFC Program is required to be utilized during declared emergencies or public health emergencies when visitation is limited or restricted. A person can apply and be approved as an EFC now as long as they meet criteria. They will have to continue to meet the criteria in order for the designation to remain valid.

Q: Can a resident have more than one designated essential family caregiver?

A: Yes, a facility must allow a resident to have at least two (2) individuals designated as caregivers - if more than one EFC is designated, the resident, or the resident's designated representative, will need to identify which will act as the primary point of contact for communication and care coordination as it relates to the EFC program.

Q: Can the facility limit the number of EFCs a resident can have?

A: A facility can limit the number of EFCs to two (2) per resident but may permit more by facility policy. Only one (1) caregiver is able to provide care at a time. There may be

situations where a facility has to impose some limitations on the number of EFCs in the facility at one time to accommodate safe physical distancing or other measures. Work directly with your facility to discuss any potential limitations.

Q: I am the POA for a resident but someone else will be applying for EFC designation; can I remain the main contact for the communication & care coordination if visitation restrictions are imposed again?

A: Yes, if that is the preference of the resident, or the resident's designated representative, then it just needs to be documented as a preference of the resident's EFC plan.

Questions about the EFC program & requirements should be directed to the facility Administrator; any concerns or other needs can be directed to the Indiana Department of Health at FamilyOutreach@isdh.in.gov.

Essential Family Caregiver Application Form



APPLICANT INFORMATION	
First & Last Name	<input type="checkbox"/> I am 18 years or older
Address (street address, city, state, ZIP)	
Phone	
Email	

RESIDENT/PATIENT INFORMATION	
Name of resident/patient	
Relation to applicant	
List the care you provided prior to visitation restrictions	<input type="checkbox"/> Meal set-up/ cueing <input type="checkbox"/> Assist with personal hygiene/grooming <input type="checkbox"/> Companionship <input type="checkbox"/> Other _____
How many hours per week do you expect to provide care?	<input type="checkbox"/> 1-2 hours per week <input type="checkbox"/> 2-4 hours per week <input type="checkbox"/> 4-8 hours per week <input type="checkbox"/> Other _____

I attest that if this application is approved and I am designated as an essential family caregiver, I will adhere to the following rules and requirements:

- I understand that if there is more than one caregiver, one will be appointed as the primary point of contact.
- I am able and willing to take and pass any screening tests or other testing required by the facility during a public health emergency. If I test positive, I will not be permitted to serve as an essential family caregiver for a period of time, as determined by federal and/or state guidelines.

- I will follow precautionary measures such as appropriate hand hygiene, use of masks or other protective measures as required by the facility.
- I agree to facility visitation rules and agree to abide by them.
- I agree to only enter the specific resident's room and any other designated areas of the facility.
- I understand the resident or their designated representative must agree to me being an essential family caregiver, which can be revoked by the resident or their designated representative at any time. I further understand that the administrator, or their designee, may revoke the status of essential family caregiver if I do not adhere to the requirements of the EFC program.

Applicant Signature

Date

For Office Use Only

Date application received _____

Date of determination _____

Determination must be made within seven (7) calendar days of the receipt of the application.

- Application **approved** by administrator/designee
- Application **denied** by administrator/designee with written rationale provided to applicant

Administrator/designee name

Administrator/designee signature

Essential Family Caregiver Individualized Resident Plan



The following template may be used to outline the requirements for the individualized essential family caregiver plan for the resident and their essential caregiver(s). A plan must be created for each individual caregiver and maintained in the resident's file (electronic or paper).

Resident Name _____

Caregiver Name _____ Check if primary EFC

Care duties - Please list the care/support that will be provided

*Resident/caregiver preferences related to their Essential Family Caregiver plan should be clearly reflected in their plan of care

Anticipated Caregiver Visit Schedule

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Hours of Visit							
Duration of Visit							

Resident/Representative _____
 Print Name Signature Date

Essential Caregiver _____
 Print Name Signature Date

Facility Representative _____
 Print Name Signature Date