

# OCAT Training

Oregon Caregiver Assessment Tool

## A Family Caregiver Support Program Presentation

# The Family Caregiver Support Program







# The Family Caregiver Support Program

- Provides resources and support to family caregivers
- Aims to alleviate the stress of caregiving by focusing on the caregiver's well-being

# The Family Caregiver

A person, usually a family member, or friend who provides unpaid care and support to someone with a chronic illness, or disability and who offers assistance with daily living activities.





# Older Relative Caregivers





# Older Relatives as Caregivers

An older relative caregiver is a grandparent or other older relative who takes on the primary role of raising a child, often because the child's parents are unable or unwilling to do so. This may be a legal arrangement, such as guardianship, or an informal one where the relative provides ongoing care and support.



# Older Relatives as Caregivers

The term also includes older relatives (by blood, marriage, or adoption) who care for adult family members who have a disability.





A woman with curly hair, wearing a headset and a yellow sweater, is smiling. The background is a blurred office setting.

# **Oregon Caregiver Assessment Tool**

**Beginning 6/9/2025**



# OCAAT: Federal Requirement



## OAA Sec 372 (1)

The term "caregiver assessment" means a **defined process** of gathering information to **identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports** of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately **target recommendations for support services** described in section 373(b).

# Oregon Caregiver Assessment Tool

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O CAT is based on an evidence-informed assessment model that combines research, evidence, practitioner expertise, and the caregiver's experiences to design and implement their support plan.





# Caregiver Services and Resources



**Information**



**Assistance**



**Individual/Group  
Counseling**



**Support  
Groups**



**Caregiver  
Training**



**Respite  
Care**



**Supplemental  
Care**



**Case  
Management  
Care Coordination**

# Special Eligibility Requirements for Family Caregivers

Does not apply to Older Relative as Caregivers

To be eligible for **Respite** or **Supplemental Care** the Family Caregiver must provide care for:

- An adult over 60 with a functional impairment, or
- Any age with Alzheimer's or related disorder

**Functional impairment means:**

Unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical cueing, or supervision.

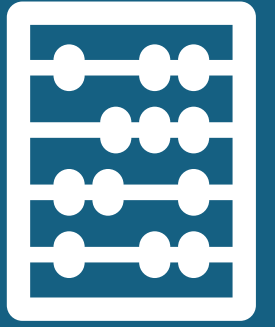


# OCAAT: Purpose



- OAA requirement
- Systematic process
- Effective care planning
- More equitable
- Prioritizes needs

# O CAT: Risk Calculation



- Selections you make in the assessment calculate a risk score.
- The risk score prioritizes who receives services first.
- The highest risk score is 39.
- Caregivers with a risk score of 29 or above are given priority.



**Alzheimer's:** A disease that damages the brain over time and causes memory loss and behavior changes.

**Dementia:** A group of symptoms affecting memory, thinking and communication. Alzheimer's is the most common cause.

**Neurological disorder:** Any condition that affects the brain, spinal cord, or nerves (e.g., Parkinson's, stroke).

**Organic brain dysfunction:** When the brain isn't working properly due to injury, illness, or disease.



# OCAAT: Basic Requirements



## Beginning 6/9/2025:

- Use OCAAT for all assessments
- Use OCAAT to assess current caregivers at next reassessment
- You have 60 days to complete an assessment
- OAA allows assessments to be in-person, virtually, or by phone
- Caregivers must be reassessed annually
- Consider making a courtesy call every three months
- The OCAAT Tool is located on the FCSP website

# Starting a New Assessment



## Full Client Search

Use multiple fields to search and select the right file.

The screenshot shows the 'Full Client Search' interface in the Caretool system. On the left is a sidebar with a 'Caretool' header and a 'Full Client Search' menu item highlighted. The main area is titled 'Full Client Search' and contains two columns of search fields. The left column includes 'Name' (split into 'Last Name' and 'First Name' text boxes), 'Gender' (a dropdown menu), 'Provider' (a dropdown menu), 'Internal ID' (a text box), and 'Getcare ID' (a text box). The right column includes 'Nickname' (a text box), 'Last Four SSN' (a text box), 'City' (a text box), 'Phone Number' (a text box), and 'DOB' (a text box). A 'Search' button is located at the bottom right of the search area. A 'Reports' tab is visible in the top right corner.

## Client File

Or, go directly to a file with name, DOB, phone number or GetCare ID

The screenshot shows a search bar with a magnifying glass icon on the left. The text inside the bar reads: 'Client Search: Last, First (Doe, Jane) or Phone or DOB or GCID'. Below the search bar, the text 'Client File' is displayed.



# Starting a New Assessment



## Demographics

Instructions: I'll be asking about your race, ethn of care. You can answer these questions any wa receive benefits in any way.

**\*Required for All Programs**

**\*Required for FCSP**

## Complete Contact and Demographic fields:

All demographic questions with a **RED \*** are required for all consumers, and Family Caregiver Support Programs require two additional questions, marked with a **BLUE \***

**If you don't complete the required demographic fields, you will not be able to save your assessment.**

# Starting a New Assessment



## Navigate to the Assessments section

Contacts

Assessments

Add New Assessment

Select 'Add New Assessment' and fill out the form to start a new OCAT:

Add New Assessment

Region:

Oregon Department of Human Services Cc ▾

Provider:

Oregon Department of Human Services Cc ▾

Select Form:

Oregon Caregiver Asse: ▾

Type:

Initial ▾

Last Completed Date:

Entered Date:

06/04/2025

Assessment Date:

06/04/2025

Next Due:

06/04/2026

Status:

Last edited by:

Save

Cancel

# The Assessment



Hanson, Lacey

Age:46

DOB:05/29/1979

00853149

## Oregon Caregiver Assessment Tool

The Case Manager/Care Coordinator must complete this Oregon Caregiver Assessment Tool through direct contact with the Caregiver within 60 days of the initial contact before providing any FCSP services.

This Assessment is a tool to assist the Case Manager/Care Coordinator with obtaining needed information from the Caregiver to provide an optimum support plan to help Caregivers manage their personal and Caregiver responsibilities. During this assessment process, you are not required to read this form to Caregivers verbatim but note that all indicated questions must be completed within this Assessment.

### Caregiver Information

#### 1. Caregiver Information

##### FCSP Relationship

Name	Is the client's	CR / CG	Relationship	Active
<u>Stark, Tony</u>	Is the client's	Care Recipient	and is the Client's	<input checked="" type="checkbox"/>
<u>Danvers, Carol</u>	Is the client's	Care Recipient	and is the Client's	<input checked="" type="checkbox"/>
<u>Duck, Daffy</u>	Is the client's	Caregiver	and is the Client's	<input checked="" type="checkbox"/>
<u>Van Houten, Milhouse</u>	Is the client's	Caregiver	and is the Client's	<input checked="" type="checkbox"/>
<input type="text" value="Search contact"/>	Is the client's	<input type="text" value=""/>	and is the Client's	<input checked="" type="checkbox"/>

Caregiver Email:

#### 2. Tell me about your caregiving situation

3. How many people do you provide care for in your household? \* **Mark only one** ☐ 1 ☐ 2 ☐ 3 ☐ 4

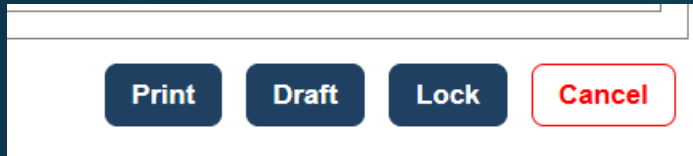
4. Do you provide unpaid care for someone outside the home? \* ☐ Yes ☐ No If yes, how many?



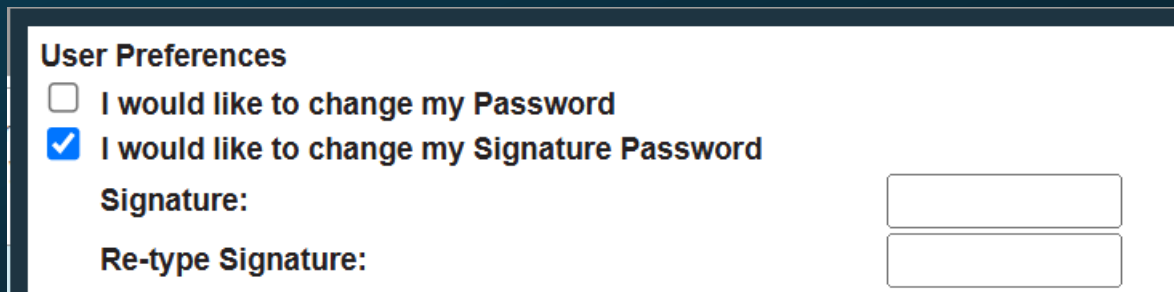
# **Complete the Assessment with the Caregiver**

# Locking the Assessment

Select the 'Lock' at the bottom of the page.



You will be asked to enter your Signature Password. If you don't remember it, select 'Cancel' and go up to User Preferences. Then select "I would like to change my Signature Password". Your signature password can be anything and there are no length or character requirements. Usually, this is a name or initials.

A screenshot of the 'User Preferences' dialog box. It contains two checkboxes: 'I would like to change my Password' (unchecked) and 'I would like to change my Signature Password' (checked). Below the checkboxes are two text input fields labeled 'Signature:' and 'Re-type Signature:'.

# Resources and Assistance

Upcoming office hours (to be announced)

## Contact:

Theresa Powell

[theresa.a.powell@odhs.oregon.gov](mailto:theresa.a.powell@odhs.oregon.gov)

(971) 301-1618