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Purpose

Interdisciplinary (IDT) staff will use the [Modified Caregiver Strain Index \(MCSI\)](#) as part of the member Comprehensive Assessment process as a tool to help screen for caregiver strain/stress. IDT staff will use the information obtained from the MCSI as a base to assist them in providing further evaluation, support, education, interventions, and/or referral planning as necessary to support the caregiver and ultimately support the member outcomes of health and safety.

Overview

Source of the MCSI: The Hartford Institute for Geriatric Nursing, New York University, College of Nursing.

WHY: Formal and informal supporters provide the majority of long-term care to chronically disabled adults. Caregiving has been recognized as an activity with perceived benefits and burdens. Caregivers may be prone to depression, grief, fatigue, financial hardship, and changes in social relationships. They may also experience physical health problems (Thornton & Travis, 2003). Perceived caregiver strain has been associated with premature institutionalization for care recipients along with reports of unmet needs. Screening tools are useful to identify caregivers who would benefit from a more comprehensive assessment of the caregiving experience.

BEST TOOL: The [Modified Caregiver Strain Index \(MCSI\)](#) can be used to quickly screen for caregiver strain with formal and informal caregivers. It is a 13-question instrument that measures strain related to care provision. There is at least one item for each of the following major domains: financial, physical, psychological, social, and personal. This instrument can be used to assess individuals of any age who have assumed the caregiving role. The Modified Caregiver Strain Index (MCSI) is a more recent version of the Caregiver Strain Index (CSI) developed in 1983. The MCSI was modified and developed in 2003 with a sample of 158 caregivers providing assistance to adults living in a community-based setting. Scoring is two (2) points for each ‘yes’ and one (1) point for each ‘sometimes’ response. The higher the score, the higher the level of caregiver strain (Travis et al., 2003; Thornton & Travis, 2003).

VALIDITY AND RELIABILITY: The internal reliability coefficient is slightly higher ($=.90$) than the coefficient originally reported for the CSI in 1983 ($=.86$). Two-week retest data for one-third of the caregiving sample ($n=53$) was available and resulted in a test-retest reliability coefficient of $.88$ (Thornton & Travis, 2003).

STRENGTHS AND LIMITATIONS: The MCSI is a brief, easy to use, self-administered instrument. Caregiver strain scores are not categorized as low, moderate, or high, so professional judgment is needed to evaluate by total score the level of caregiver strain. The MCSI effectively identifies caregivers who may benefit from more in-depth assessment and follow-up.

Definitions (per the context of this guideline)

Caregiver: an individual who has a significant responsibility for providing care to a member, as outlined in the MCP, that is critical to ensuring that member’s ongoing health and safety. Generally, that individual is providing support to a member who is no longer able to perform the critical tasks of personal or household care necessary for everyday survival. The individual providing this support, is doing so in the role of a natural support, is employed by the member through self-directed supports (SDS) or, is a provider of an owner-occupied adult family home (AFH).

Caregiver strain: encompasses the difficulties assuming and functioning in the caregiver role as well as associated alterations in the caregiver’s emotional and physical health that can occur when care demands exceed resources. Caregivers experience differing challenges and levels of stress that can significantly impact their functioning and quality of life.

Natural Supports: individuals who are available to provide unpaid, voluntary assistance to the member in lieu of 1915(c) waiver and/or state plan home and community-based services (HCBS). They are typically individuals from the member’s social network (family, friends, neighbors, etc.).

Assessment

Who receives the MCSI Assessment

- Members who receive support from a caregiver(s) meeting the definition of a caregiver per this guideline, will have the [Modified Caregiver Strain Index \(MCSI\)](#) administered to that caregiver as part of the member’s Comprehensive Assessment and Membered Centered Planning (MCP) process.
- A member meeting the definition of a vulnerable high-risk member (VHRM) must have the MCSI completed for all caregivers providing support per the member’s assessment and MCP process.
- This guideline does **NOT** apply to caregivers from contracted agencies including residential settings such as a corporate adult family homes, residential care apartment complexes, community based residential facilities, skilled nursing facilities, etc.

How to Complete the MCSI Assessment

- The Community Resource Coordinator (CRC) completes the MCSI with the caregiver or, if they prefer, the caregiver may complete the index on their own and review the completed document with one or both IDT staff.
- The [Modified Caregiver Strain Index \(MCSI\)](#) contains a list of statements that address the major areas research has shown caregivers have found to be difficult to manage while in the caregiving role.
- Each statement includes an example of a common caregiver experience meant to help put the statement in context for the user and help stimulate thought and discussion.

- Following each statement mark the caregiver’s response with the corresponding point value: “Yes, On a Regular Basis” = 2 points, “Yes, Sometimes” = 1 point, “No” = 0 points.
- Add the total from all responses and fill in the *Total Score* at the bottom of the page.

When to complete and where to document the MCSI Tool

New Enrollees

Caregivers (meeting the definition of a caregiver per this guideline) of a newly enrolled member will be assessed for caregiver strain, using the MCSI tool, as part of the CRC’s **Initial Comprehensive Social Assessment**.

CRCs will complete the following:

- Save the completed [Modified Caregiver Strain Index \(MCSI\)](#) in the Member File;
- Case note completion of the tool; and
- Document the caregiver(s) individual results, taken from the completed MCSI, in Section XI. “Supports” - Risk and Safety box - of the Comprehensive Social Assessment.
- Include any education/intervention that will be put in place in the most appropriate domain of the MCP.

Six Month and Annual Reviews and Change in Condition/Situation

Caregivers (meeting the definition of a caregiver per this guideline) will be assessed by the CRC for caregiver strain, using the MCSI tool, at a member’s **Six (6) Month and Annual Re-assessment and MCP review, and** when there is a significant change in condition (**CIC**) or **situation** including a change in the primary caregiver between review periods.

CRCs will complete the following:

- Save the completed [Modified Caregiver Strain Index \(MCSI\)](#) in the Member File;
- Case note completion of the tool; and
- Document completion of the MCSI and the caregiver(s) individual results, taken from the completed MCSI, in the “Safety” domain of the Re-Assessment (tab). If any needs are identified document the plan to address those needs (i.e. education, interventions, ongoing monitoring, etc.) in the most appropriate domain of the MCP.

Plan

Best Practice standards for prevention and management

- Assess risk factors and identify if education/interventions are needed or in place. Interventions and/or referrals that are made to assist in addressing risk will be documented.
- All interventions, education, and referrals that are implemented will be listed on the MCP.
- If risk will continue after education/intervention has been put in place and/or member refuses education/intervention, refer to the [Member Safety and Risk Policy and Procedure](#) to consider whether a [Risk Mitigation Tool](#) is needed. Review situation with your Member Support Manager.

Intervention

Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP

Caregiver Strain Follow-up and Risk Mitigation

- The higher the score on the [Modified Caregiver Strain Index \(MCSI\)](#), the greater the need for more in-depth assessment to facilitate appropriate intervention. Each statement with a score of 2 is an indicator for IDT staff to have additional dialogue with the caregiver to gain additional insight into the strain they are experiencing.
- If additional supports are identified upon completion of a more in-depth assessment the IDT will utilize the RAD process, as necessary, to facilitate appropriate intervention.
- Assess risk factors and identify if education/interventions are needed or in place. Interventions, education, and/or referrals that are made to assist in addressing risk will be documented as part of the assessment and MCP.
- If risk will continue after education/intervention has been put in place and/or member refuses education/intervention, refer to the [Member Safety and Risk Policy and Procedure](#) to consider whether a [Risk Mitigation Tool](#) is needed. IDT staff will review any risk related issues with the Member Support Manager.

Evaluation

Plan for quality assurance monitoring of guideline effectiveness.

Quality Improvement will monitor that this guideline and the [Modified Caregiver Strain Index \(MCSI\)](#) are being utilized, as identified in this document, through periodic file review process and for assessment tool and companion tool effectiveness.

Additional Resources

[Comprehensive Assessment Policy and Procedure](#)

[Member Centered Planning \(MCP\) Policy and Procedure](#)

[Member Safety and Risk Policy and Procedure](#)

[Modified Caregiver Strain Index \(MCSI\)](#)

Reference List

Thornton, M., & Travis, S.S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. *The Journal of Gerontology, Series B, Psychological Sciences and Social Sciences*, 58(2), p. S129. Copyright © The Gerontological Society of America.



Caregiver Strain Clinical Practice Guideline

