NCAPPS

Blending and Braiding Funding to Support Family Caregivers: An Overview for States

August 2025

By Saska Rajcevic and Leigh Ann Kingsbury

Blending and Braiding Funding to Support Family Caregivers: An Overview

for States

August 2025

By Saska Rajcevic and Leigh Ann Kingsbury

This resource developed by the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) for the National Caregiver Support Collaborative (NCSC), outlines overarching strategies for states interested in blending and braiding funding sources across the Older Americans Act (OAA), Medicaid, and more to support family caregivers.1 Family caregiver support includes activities such as providing respite, supporting resource navigation, offering services such as options counseling and support groups, and financial assistance and compensation for time spent caregiving.

> *Family caregivers include people of all ages, from youth to grandparents, people with and without disabilities; people providing care from a distance; and people meeting a wide variety of needs, such as supporting people with intellectual and developmental disabilities (ID/DD) across the lifespan, caring for people with serious and/or progressive illnesses like dementia and cancer, and assisting with daily tasks that can be challenging for older people and people with disabilities. The term also recognizes that a single person may receive care from multiple family caregivers.*
>
> *Source: 2022 National Strategy to Support Family Caregivers*

Basics of Blending and Braiding Funding

"Braiding" funding is when multiple funding sources are combined, but the funding sources require separate tracking and reporting of the services each funding source pays for. This is like making a braided bracelet with individual thread colors where there is a singular product in the end (the bracelet), but you can still pinpoint which individual colors of thread were used to make the bracelet. Braiding funding requires sufficient financial recordkeeping among partners to ensure expenditures are correctly tied to the specific funding source and that there is no duplicate funding. Oftentimes, this also requires the development of some type of integrated data system that ensures partners can share information to coordinate funding and meet specific reporting requirements.

"Blending" funding happens when multiple funding sources are combined to create a single "pot" of money that can be used to support an initiative. This can be done when the funding sources do not require states to track the services for which the specific funding source is used. It can be helpful to think of blending funding as making a smoothie. In this process, various individual ingredients are blended to make one singular product, losing their original identity in the process. Blending funding is often less administratively burdensome than braiding funding, but it may not always be possible due to reporting and accounting requirements.

The decision on whether to blend or braid funding is program specific. States should consult internally and with their partners to review what is outlined in funding agreements to determine whether sources can be blended or braided; and if there are concerns as it relates to combining or coordinating funding. If a funding source does not require the state or partner agency to separately track services paid for with money from the funding source, funding can be blended. However, if a source does require separate tracking, the only option left is to braid funding.

Strategies for Making Informed Blending and Braiding Decisions

States can support family caregivers through a variety of programs and often must partner with their network of Aging and Disability Network Agencies (ADNAs), community-based organizations, and tribal organizations to most effectively support caregivers. The strategies presented in this section are starting points for developing a strategy for braiding and blending funds to support family caregivers.

Strategy 1: Partner and Fiscal Mapping

As a starting point to decide how and if to blend and braid funding, states may find it helpful to map partner organizations and funding sources that support family caregivers across the state. This is a process that can be achieved by bringing together a group of people who are well-versed and knowledgeable in resources for family caregivers. This should include other state agencies, community-based organizations, caregivers, and advocates.

Over the course of one or a few meetings, the state should lead partners through the following discussion questions:

- What is our goal for supporting family caregivers? What are the outcomes that we want for our state?
- Who are some of the organizations already directly supporting family caregivers?
- Which populations of family caregivers do these organizations serve?
- What are these organizations doing to support family caregivers?
- Are there any similarities across the work organizations are doing?
- What funding are these organizations receiving to do this work?
- Do we know if the funding these organizations are receiving is one-time or ongoing funding? What is the sustainability of these funding sources? Are there any activities that we anticipate will require ongoing funding vs. one-time funding?
- Do we know if the funding sources used for these activities to support family caregivers can be braided or blended? If not, who can figure out that information?

The Partner and Fiscal Mapping Template can be used to organize information generated through the mapping process.

During this process, states should also pay attention to who is missing from the conversation, or where there is confusion amongst partner organizations. For example, does there seem to be a lack of knowledge about organizations that may support family caregivers who have disabilities? Is there a lack of resources for youth caregivers?

If there are not already trusted relationships established between the state and partner organizations, some partners may be hesitant to participate in a mapping exercise out of concern that they will be pressured to share funds they may not want to. When inviting partners to participate, states should be sure to highlight that this is an opportunity to learn more about collective work to support family caregivers in the state and explore whether there are avenues to maximize existing funding sources.

Strategy 2: Experience Surveys, Focus Groups, and Ongoing Data Collection

States should also work with their partners to understand the experiences and ongoing needs of family caregivers across the state. Are family caregivers able to find and access the resources they need? What programs have caregivers been using? What are the gaps in the system for caregivers? States should determine methods for gathering this information such as conducting regular family caregiver experience surveys, focus groups, or community listening sessions.

Oftentimes, states can use the list of contacts developed during the mapping process to disburse surveys and announcements to family caregivers or host community listening sessions. As states review the data gathered, they should seek to understand specific areas of need. Understanding themes that emerge from the data can help states have conversations with their partners about how to coordinate funding sources to fill gaps in the system for family caregivers.

Strategy 3: Ongoing Coordination and Collaboration with Partners

Building trusted relationships takes time. As such, states should work to develop methods for ongoing coordination and collaboration amongst partners supporting family caregivers. From internal committees to statewide conferences, there are a variety of ways for states to ensure they remain up to date on the work of their communities and potential opportunities for collaboration. These relationships are also important for continued advocacy on behalf of family caregivers. States may not always be able to advocate for specific changes to policies impacting family caregivers, but their partners can.

Funding Sources for Supporting Family Caregivers

States utilize a variety of federal and state funding to comprehensively support family caregivers – blending and braiding funding where they can.

Older Americans Act: Title III and Title VI

The Older Americans Act (OAA) funds a range of social service and support programs for older adults, typically ages 60 and older who have the greatest economic and social need. There are seven titles within the Act. Family caregivers are largely supported under Title III (specifically Title III E and Title VI). Under OAA, grants are provided to states, tribes, and territories to advocate on behalf of older adults and their family caregivers; coordinate programs for them; and provide supportive services. It is important to note that while states cannot use OAA funds to compensate family caregivers for the care they provide, the programs offered under OAA funding can still address caregiver needs. Services supported through OAA funding “work in conjunction with other state and community-based services to provide a coordinated set of supports.”3 Additionally, many agencies receiving Title III and Title VI funds will braid the two funding sources.

National Family Caregiver Support Program (Title III E)

Title III E of the OAA funds an array of comprehensive systems of support services to family caregivers. Through Title III E, the NFCSP distributes grants to support family caregivers directly to states, on a formula basis related to the distribution of the population age 70 and older.4 States will then often pass the funds down to AAAs through subgrants or contracts to provide direct services and support to family caregivers.

Services and supports include:

- Information to caregivers about available services

- Assistance to caregivers in obtaining access to supportive services
- Individual counseling, organization of support groups, and caregiver training to assist caregivers in making decisions and solving problems relating to their caregiving roles
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, on a limited basis, to complement the assistance provided by caregivers, including:
- Home modifications
- Assistive technologies
- Emergency response systems

Native American Caregiver Support Program (Title VI-C)

Title VI-C of the OAA authorizes caregiver support services to Native American elders including respite, caregiver training, information and outreach, counseling, and support groups. The Native American Caregiver Support Program distributes grants to at least 50 different tribes and tribal consortia representing Native Americans ages 60 and over. Tribal organizations will often

coordinate with other community-based programs to increase outreach and sustainability.5 Programs must also offer nutrition and supportive services under Title VI-A and Title VI-B in order to receive Title VI-C funding.6 In Frequently Asked Questions: Blending & Braiding Streams for Your Tribal Program, it's noted that:

"You can blend Title VI dollars with those from other funding sources to support your elder and/or caregiver services. For example, if you get dollars from a non-profit grant to fund caregiver support groups and the grant allows you to blend them, you can combine them with those you get from Title VI to cover the costs of your caregiver support group services."

Medicaid Home and Community-Based Services: Self-Direction

HCBS support people with disabilities and older adults to live and receive care in their homes and communities instead of more isolating and institutional settings. HCBS are paid for through federal Medicaid funding and offered through "waivers." States use waivers to expand the types of services and populations that are covered through Medicaid. One service model offered through HCBS is self-direction. In traditional service delivery models, people receive support from a service provider organization and staff hired and employed by the provider. In self-direction, the person using services receives a budget for their services, and they can use that budget to choose who to hire to support them and how to use their budget for other needs and wants. The Centers for Medicare & Medicaid Services (CMS) has approved the option for people self-directing their services to hire their own family caregivers in many states. However, the utilization of self-direction as a service model continues to vary widely.

Along with receiving approval from CMS, states interested in using self-direction as a pathway for paying family caregivers should also:

- Widely share information regarding self-direction, its benefits, and how it works so that people in services and families are aware of self-direction as an option
- Develop self-direction policies and procedures that are equitable, transparent, flexible, and easily understood and implemented
- Enhance infrastructure to support self-direction

- Recruit and train Direct Support Professionals, support brokers, and peer mentors to support self-direction7

Veteran's Health Administration: The Veteran Directed Care Program

Funded by the federal Veteran's Health Administration through VA MISSION Act funds, the Veteran-Directed Care Program serves veterans of any age who are at risk of nursing home admission, as well as their family caregivers.8 Like the self-direction model in HCBS, veterans that are a part of this program can choose how to manage their own budget and who to hire to

support them, including family caregivers. As of 2023, the VDC program is available at 71 VA Medical Centers in 37 states and 255 ADNAs are eligible to provide VDC.9 ADNAs include Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and State Units on Aging (SUAs). To become a VDC provider, ADNAs must undergo a VA VDC Readiness Review to ensure they are ready to perform core functions including program administration, person-centered counseling, and fiscal management services. If found eligible, ADNAs will sign a Veteran Care Agreement valid for three years. States can work with their network of ADNAs to make them aware of this opportunity and encourage them to learn more about becoming a VDC provider.

State General Revenue Funds

In recent years, some state legislatures have approved one-time or ongoing funds to pay family members who provide extraordinary levels of care to children and adults. This has usually occurred because of community advocacy for additional funding to support family caregivers. Many of these programs require that the person who needs supports is eligible for Medicaid, while others allow for some level of support to family caregivers of people who are not yet eligible for Medicaid, but likely to need long-term services and supports in the future.

One such example is Washington's Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs funded under Washington's Medicaid Transformation project 1115 waiver. As described by the National Academy for State Health Policy:

"MAC supports caregivers of Medicaid-eligible individuals not using Medicaid, and TSOA supports caregivers of individuals not eligible for Medicaid but likely to eventually need Medicaid LTSS. Caregivers of individuals who qualify for these programs are screened using the Tailored Caregiver Assessment and Referral (TCARE) protocol, a tool to assess caregiver needs, and given financial support according to their level of need. Caregivers can spend this money on a wide range of services and supports, including respite, home delivered meals, minor home repairs, training and education, specialized medical equipment, and health maintenance supports, like adult day care and counseling." 10

Supportive State Policies

States have also implemented a variety of policies that provide additional benefits to family caregivers, such as state tax credits, unemployment insurance for family caregivers, and spousal impoverishment protections.11 Such policies coupled with programs to comprehensively support family caregivers can lead to a stronger system for caregivers overall. To implement these overarching state policies, there must be strong community partnerships and advocacy networks across states. It is important for states to be aware of how existing policies, or a lack of existing policies may negatively impact family caregivers. For example, while many states continue to require that family caregivers can only be paid if they do not have employment outside the home, Hawaii was the first state to provide stipends of up to $70 a day to family caregivers who are also employed full-time through the Kupuna Caregivers Act.12 Through the passage of the Act and the subsequent program, Hawaii acknowledged the significant stress and financial uncertainty that comes with requiring caregivers to leave their jobs to be paid for the care they provide to their family members.

Notes

1. This resource is designed to provide an overview of blending and braiding funding to support family caregivers. It does not specify the allowable uses of specific funding sources across states. States are encouraged to work with their partners and administrative teams to understand how funding sources can be properly blended and braided. 2 Parmar, J.K., L'Heureux, T., Anderson, S. et al. Optimizing the integration of family caregivers in the delivery of person-centered care: evaluation of an educational program for the healthcare workforce. BMC Health Serv Res 22, 364 (2022). https://doi.org/10.1186/s12913-022-07689-w

3. National family caregiver support program. Administration for Community Living. (2025, March 24). https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program

4. Formula grants. Grandfamilies & Kinship Support Network. (2024, December 18). https://www.gksnetwork.org/resources/formula-grants/

5. Services for Native Americans (OAA Title VI). Administration for Community Living. (2025, February 4). https://acl.gov/programs/services-native-americans-oaa-title-vi

6. Formula grants. Grandfamilies & Kinship Support Network. (2024, December 18). https://www.gksnetwork.org/resources/formula-grants/

7. Bradley, V. J. (2023, June). A Guide for Developing Strategic Objectives to Expand Self-Direction. National Center on Advancing Person-Centered Practices and Systems. https://ncapps.acl.gov/docs/NCAPPS%20Developing%20Strategic%20Objectives%20to%20Expand%20Self-Direction%20FINAL.pdf

8. Ryan, C., & Schoeps, D. (2019, June 24). Veteran Directed Care Program: Supporting Veterans and their Family Caregivers, 6/24/19. YouTube. https://www.youtube.com/watch?v=2p0z-KB809E

9. Introduction to the Veteran Directed Care (VDC) Program. No Wrong Door. (2023, May). https://nwd.acl.gov/pdf/VDC_Welcome%20Fact%20Sheet_Final.pdf

10. Family caregiver services and supports. NASHP. (2023, January 5). https://nashp.org/family-caregiver-services-and-supports/

11. Reinhard, S., Harrell, R., Amero, C. B., Flinn, B., Houser, A., Lingamfelter, P., Choula, R., Caldera, S., Hado, E., & Alexis, J. (2023). Long-Term Services and Supports State Scorecard 2023 Edition. AARP Long-Term Services & Supports. https://ltsschoices.aarp.org/sites/default/files/documents/doi/ltss-scorecard-2023-innovation-and-opportunity.doi.10.26419-2Fppi.00203.001.pdf

12. State launches landmark Kupuna Caregivers Program to help working caregivers pay for support services for older adults. Hawaii State Department of Health. (2017, December 13). https://health.hawaii.gov/news/files/2017/12/17-104-State-launches-landmark-Kupuna-Caregivers-Program.pdf

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help states, tribes, and territories implement person-centered practices. You can find us at https://ncapps.acl.gov

Recommended Citation

Rajcevic, S., Kingsbury, L.A. (2025). Blending and Braiding Funding to Support Family Caregivers: An Overview for States. Cambridge, MA: National Center on Advancing Person-Centered Practices and Systems