

Group Respite Study

**Report to the 2009 General Assembly
Aging Study Commission
Session Law 2008-191
Section 14.1**



**State of North Carolina
Department of Health and Human Services
Division of Aging and Adult Services**

November 2009



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I. Executive Summary

Pursuant to Session Law 2008-181, Section 14.1 “The Department of Health and Human Services, Division of Aging and Adult Services, shall study the adequacy of service standards and funding for group respite services. The study shall include determining whether opportunities exist to streamline and enhance the provision of respite services.”

For this report, the Division of Aging and Adult Services (DAAS) researched the State’s history of group respite; interviewed existing group respite providers and local monitoring agents; worked in collaboration with the National Association of State Units on Aging (NASUA) to develop a group respite survey (See Attachment B) that was distributed nationwide; analyzed findings from the NASUA Survey (See Attachment C for raw data); and completed an informal survey of senior centers regarding group respite.

In North Carolina, group respite programs and State certified adult day care/day health programs are different models of somewhat similar care. However, group respite serves persons who require less care than that provided by adult day services programs and therefore, is a less care intensive service. The three major differences between the two services are: 1) formality of State oversight; 2) operating hours; and 3) the provision of personal care (e.g., assistance with eating, using the bathroom, etc.).

Group respite provides temporary, part-time relief to unpaid, primary caregivers of cognitively and/or physically impaired adults as well as meaningful social and recreational activities for program participants. Group respite programs do not require DAAS certification to operate and are limited to providing services six hours or less per day, from one to four days per week. Group respite programs cannot provide personal care (e.g., assistance with eating, using the bathroom, etc.), but are able to provide supervision and verbal “cueing” or guidance to program participants without DAAS certification as an adult day services program.

State certified adult day care/day health programs also provide respite to caregivers as well as supervision and socialization for adults with cognitive and/or physical impairments. However, in contrast to group respite programs, adult day services programs are permitted to provide personal care (e.g., assistance with eating, using the bathroom, etc.); required to operate a minimum of five days per week, at least six hours per day; and must be certified by DAAS annually.

As a result of this study, DAAS will continue to revise the Group Respite Service Standards (See Attachment D) to reflect current terminology and ensure safety for participants, volunteers and staff. DAAS will also support the expansion of Community Resource Connections for Aging and Disabilities (CRCs) across the state and encourage the strengthening of the relationship between CRCs and group respite providers to streamline and enhance the provision of respite services, including group respite. In addition, DAAS will develop and maintain an inventory of funding and other resources that could facilitate the provision of group respite. Current group respite care providers noted the inadequacy of funding and most indicated an inability to provide the service without the support of a collaborating agency and/or public funding.

II. Introduction

North Carolina and many other states include group respite as a service in their continuum of care for adults with cognitive and/or physical impairments and their caregivers. In NC, group respite programs provide supervision and socialization for adults for a limited amount of time per week and per day (one to four days per week, up to six hours per day). Group respite programs do not provide personal care assistance, and do not require State certification or licensure. There is no General Statute (G.S.) or Administrative Procedures Act (APA) rule regarding the provision of group respite. However, group respite providers receiving public funds administered by the Division of Aging and Adult Services (DAAS) [i.e., the Home and Community Care Block Grant (HCCBG); Project C.A.R.E. (Caregiver Alternatives to Running on Empty); NC Family Caregiver Support Program (FCSP); and Special Assistance In-Home Program] must follow the NC Group Respite Service Standards. If a Group Respite provider does not receive DAAS administered funds, the provider does not have to follow any service standards and is not otherwise monitored by DAAS or the Area Agencies on Aging (AAA).

III. Background

In the early 1990's, a workgroup comprised of DAAS staff and key consultants secured a Health Resources and Services Administration (HRSA) Alzheimer's grant to establish group respite programs in NC. The initiative focused on three goals: 1) to address the shortage of adult day services across the state, 2) to offer alternative day programming in counties that did not have such services and/or could not afford to start a certified adult day care or adult day health center and, 3) to find a role for senior centers in the service of older North Carolinians with cognitive and/or physical impairments who could not utilize these centers in the traditional sense. The proposal emphasized that rural senior centers would be an ideal location for housing group respite programs and, in fact, senior centers did house many of the first group respite programs in the state. Volunteers who were senior center attendees or part-time employees often staffed the program. An additional objective of the HRSA grant proposal was to establish new adult day care/day health centers in underserved counties by first establishing a group respite program which required less start-up resources and had more flexibility in program design. The intent was to encourage the group respite provider to seek State adult day care/day health certification and increased financial support from the county.

Early on, NC's group respite pilot programs were supported by a variety of different organizations such as hospitals and home health agencies. In Watauga County, Blowing Rock Hospital started a group respite program and one year later, became certified as an adult day care center. This program remained operational and State certified until August 2009, but closed due to low census and inadequate funding.

HRSA partnered with The Brookdale Foundation to award grants to provide group respite services to persons with dementia in under-served, rural areas. Serving persons with dementia is one of Brookdale's primary focuses. However, DAAS policies were developed to include serving persons with all types of physical and/or cognitive impairments in need of socialization and supervision, but who did not require any personal care.

IV. Service Standards

History

In 1998, DAAS (formerly the Division of Aging) staff and key consultants; the Division of Social Services (DSS) staff (who at that time was the adult day care/day health regulating agency); and local providers drafted the first version of Group Respite Service Standards. This group reviewed the adult day care/day health standards for certification as well as The Brookdale Foundation's group respite standards (which are dementia specific) as guidelines for developing state-specific group respite service standards for providers receiving DAAS administered funds.

NC's current Group Respite Service Standards limit the number of operating hours per day and days per week (one to four days per week and up to six hours per day). They also prohibit group respite providers from providing "hands-on" personal care assistance to program participants. The reason that DAAS and other Divisions within DHHS determined that group respite providers should only operate for a limited number of hours per day and days per week was to prevent confusion between group respite and adult day care. G.S. 131D-6 governs the provision of adult day care and indicates that adult day care providers must operate a minimum of five days per week, six hours per day. If a group respite provider operates five days per week, six hours per day, the provider must seek State certification from DAAS as an adult day care/day health center.

There were several reasons that DAAS and other Divisions within DHHS determined that group respite providers should not be permitted to provide personal care assistance. First, they wanted to avoid confusion between group respite and adult day care/day health programs. Second, they wanted to ensure that personal care assistance was being provided by persons with specialized training, competency testing, and oversight, which can be costly and was not in place for group respite at the time. The group respite model is typically staffed with volunteers.

Adequacy

In NC, there is no licensure or certification requirement for group respite and only the providers receiving DAAS administered funds (i.e., HCCBG; Project C.A.R.E.; FCSP or Special Assistance In-Home) must adhere to the State Group Respite Service Standards and be monitored by the AAAs and DAAS. If a group respite provider does not receive DAAS administered funds, the provider is not required to adhere to the State Group Respite Service Standards or be formally monitored.

Regardless of the type of funding a group respite provider receives, G.S. 131D-6, (which governs the provision and certification of adult day care) limits the number of operational days per week and hours per day that group respite can operate. According to G.S. 131D-6, an adult day care/day health provider must operate a minimum of five days per week, six hours per day and consequently, all providers operating within these specifications are required to be State certified.

National Association of State Units on Aging Group Respite Survey

As part of the evaluation of NC's current Group Respite Service Standards, DAAS collaborated with the National Association of State Units Aging (NASUA) to develop and administer a national survey to learn how other states provide group respite and to assess how NC's provision of group respite and service standards compares to other states. (See Attachment B for survey and Attachment C for Results).

Fifteen states responded to the survey. One of the fifteen (Alaska) did not answer all of the survey questions as their state does not provide group respite. Thirteen of the fifteen states indicated there is a need for group respite in their state. The two who did not (Kansas and Vermont) indicated their current service arrangements were adequate. Only four states indicated that their state differentiates between adult day services and group respite, as does North Carolina. It appears that other states allow the group respite service to be provided in a facility licensed to provide another service and therefore, group respite falls under that other license.

The survey findings revealed that Minnesota's group respite model of care most closely resembles North Carolina's in that Minnesota does not require licensure or certification for the service; does not allow group respite providers to provide personal care to participants; and limits the time of operation. However, Minnesota also reported that programs may have different policies and procedures as there is not a licensure requirement. Both North Carolina and Minnesota identify adult day services as a "formal" service requiring state licensure. This may indicate that Minnesota like North Carolina considers adult day services to be a more intensive service than group respite, caring for participants whose needs are greater than those who would attend a group respite program. Only three states indicated that group respite is available statewide. Eleven states, including North Carolina, indicated that group respite is not available statewide.

In reference to model of care, six of the fourteen states that answered all the survey questions indicated that their state's group respite is a limited social model that provides some assistance with activities of daily living (ADLs), but no personal care (e.g., assistance with toileting, feeding, etc.) which is most similar to North Carolina's group respite model of care. Group respite providers in North Carolina can provide verbal and visual cueing and reminders to participants regarding ADL care, but cannot provide any hands-on personal care (e.g. assistance with toileting, feeding, etc.).

In reference to funding, eleven of the fifteen states that responded indicated that group respite in their state was a Medicaid covered service. Eight of the fourteen states reported that the Older Americans Act Title III-B (supportive services) covers group respite and twelve of the fourteen states reported that the Older Americans Act, Title III-E (Family Caregiver Support Program) covers group respite.

In reference to oversight of group respite, seven of the fourteen states are like North Carolina and require group respite providers to follow specific service standards/guidelines if the provider is receiving certain funding. None of the fourteen states reported that their state requires group respite providers to register or become accredited by any agency. Six states reported that their

state has multiple oversight mechanisms in place. In reference to which agencies provide oversight, four of the fourteen states reported that the Area Agency on Aging has oversight which is the same as in North Carolina if a group respite provider receives DAAS' administered funds.

Existing Providers

Currently, there are six group respite providers and eight group respite program sites in NC receiving DAAS administered funds. One of the six providers operates three group respite programs as well as three adult day care and adult day health centers. Another of these six providers is both an adult day care and group respite provider. For the two providers providing group respite and adult day care/ day health services, group respite serves as a "stepping stone" to allow participants and caregivers to become acclimated to receiving community-based services. This service arrangement allows participants to transfer to a higher level of care with the same provider if the participant eventually requires a higher level of care (e.g., assistance with personal care such as toileting, feeding, walking, etc.).

All six of the existing group respite providers reported that the current service standards are adequate or appropriate. There were a few suggestions from providers to revise the current service standards. These suggestions include decreasing the staff/volunteer to participant ratio; increasing permitted operational days per week; allowing personal care provision to participants; increasing required training for volunteers and staff; and requiring criminal background checks on both paid staff and volunteers. At least half the providers did not feel group respite required further state regulation and were concerned that if State certification was required, they would not be able to continue their program due to an anticipated increase in operating costs if several changes were instituted and made the service more similar to adult day services.

V. Adequacy of Funding

DAAS staff interviewed the six existing group respite providers and one former group respite provider that receive(d) DAAS administered funds. The former group respite provider ceased providing services about eight months prior to being interviewed, but had provided group respite for about five years.

The six providers indicated that they needed DAAS administered funds in order to operate because their private pay revenue was inadequate. They noted that many participants and their caregivers could not afford to pay privately for the service. The only way providers could offer group respite at no charge was through DAAS administered funds. Regardless, most providers reported that private pay, grant funds, and HCCBG funds and consumer contributions combined are still not enough to cover operating expenses. In fact, the former provider interviewed for this study indicated that her group respite program was continually losing money and that in five years of providing group respite, she only had one private pay participant. If more funding was available, programs could cover basic operational expenses and serve more people.

To help meet operating expenses, many group respite providers collaborate with other agencies such as faith-based groups, human services agencies or senior centers and receive in-kind

donations of rent, transportation, staff and other assistance. Collaborating agencies have allowed providers to house their program in their facility rent-free or at a reduced rate and provided transportation for outings, or provided volunteers to staff the program. Many group respite providers stated that if they did not have the support of their collaborating agency, they would not be able to provide the service.

DAAS staff also interviewed the five regional AAAs responsible for monitoring the publicly funded group respite programs in their respective regions. The AAAs' main concerns pertained to inadequate funding for group respite and staffing issues such as staff to participant ratio requirements, staff turnover, and difficulty recruiting and maintaining volunteers to staff group respite programs.

VI. Streamlining and Enhancing State Respite Care Services

The 2007 Respite Report to the Aging Study Commission stated, "As of this writing, the Lifespan Respite Care Act of 2006, 42 U.S.C. has not received funding by Congress. Once funded, the DHHS/DAAS will make application for funding under this authority. To view the 2007 Respite Report in its entirety, visit the following web site:

<http://www.ncleg.net/gascripts/DocumentSites/searchDocSite.asp?nID=38&searchCriteria=respite+study+report> and click on "RESPITE REPORT ABSOLUTE FINAL REPORT."

DAAS applied for a Lifespan Respite Care Act grant through the U.S. Administration on Aging in July 2009 and received the grant in September 2009 (See Attachment E for grant abstract/summary). One of the objectives of this grant application was to streamline and enhance the provision of State respite services, including group respite, through the "no-wrong door" approach to accessing supportive services for individuals and caregivers in need through the creation and expansion of Community Resource Connections for Aging and Disabilities (CRCs). NC currently has CRC initiatives in 30 counties. CRCs provide streamlined access and information on long-term services and supports to older adults, people with disabilities, and caregivers including information on respite care programs and services. As part of NC's CRC initiative, an extensive web-based health and human service information and referral portal called "NC careLINK" was developed (www.nccarelink.gov).

VII. Actions Taken as a Result of Study

- DAAS has been in the process of revising the Monitoring Tools used by the AAAs to monitor providers of services supported by DAAS administered funds so that the tools use current terminology and reflect current policies and service standards. In 2008, DAAS revised the Group Respite Monitoring Tool.
- In 2009, DAAS revised the Group Respite Service Standards regarding operational hours per day from "less than 6 hours per day" to "up to 6 hours per day" in an effort to make the service more participant, caregiver and provider friendly by allowing providers to serve participants for more hours per day which would be more beneficial to participants' caregivers and therefore, ultimately to the participants.
- DAAS continues to work on revising the Group Respite Service Standards to reflect current terminology and to ensure the safety of participants, staff and volunteers and

the feasibility for group respite providers to provide the service. DAAS has previously sought and will continue to seek provider input about the efficacy of those standards.

- In reference to streamlining and enhancing respite services in general, supporting the expansion of CRCs and strengthening the relationship between group respite and other types of respite providers with CRCs has the potential to serve many seeking supportive services, including respite services.
- DAAS will include group respite providers in relevant communications and activities as a result of receiving the Lifespan Respite Care grant.

ATTACHMENT A

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

H 1

HOUSE BILL 2398*

Short Title: DHHS Study Group Respite.

(Public)

Sponsors: Representatives Farmer-Butterfield, Pierce, Boylan (Primary Sponsors); Alexander, Blackwood, Bordsen, Clary, England, Glazier, Harrison, McLawhorn, Parmon, Wainwright, and Womble.

Referred to: Aging.

May 26, 2008

**A BILL TO BE ENTITLED
AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES TO STUDY ISSUES RELATING TO RESPITE CARE AS
RECOMMENDED BY THE STUDY COMMISSION ON AGING.**

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Health and Human Services, Division of Aging and Adult Services, shall study the adequacy of service standards and funding for group respite services. The study shall include determining whether opportunities exist to streamline and enhance the provision of respite services.

SECTION 1.(b) The Department of Health and Human Services, Division of Medical Assistance, shall study including respite services as part of the Medicaid State Plan.

SECTION 1.(c) The Department shall report findings and recommendations to the North Carolina Study Commission on Aging on or before November 1, 2009.

SECTION 2. This act is effective when it becomes law.

ATTACHMENT B

1. Providing group respite care

This survey is a follow-up to a survey conducted last year to find out about the level of oversight states exercise over group respite services programs for adults. For purposes of this survey, "adult group respite services" means a day program for adults aged 18 years and older that provides assistance with some activities of daily living. In addition to assisting the participants, the goal of the service is to provide a break to the caregivers with whom the adult participants live. Please respond to the survey by Friday, May 8, 2009. Thank you.

1. Please provide the following contact information for the person completing this survey.

Name	<input type="text"/>
Title	<input type="text"/>
State	<input type="text"/>
E-mail address	<input type="text"/>
Telephone number	<input type="text"/>

2. Is there a need for adult group respite services in your state?

☐ Yes

☐ No

Other (please specify):

3. Does your state differentiate adult group respite services from adult day services?

☐ No

☐ Yes

If you answered yes, please explain the differentiation:

ATTACHMENT B

4. Are group respite services for adults available in your state?

- ☐ Yes, these services are available statewide
- ☐ Yes, but these services are available only in some areas of the state
- ☐ Group respite services for adults are not available in the state

Other (please specify)

If you answered that "group respite services are not available in my state" to the previous question, thank you for completing our survey, otherwise, please continue.

5. Which of the following best describes your state's adult group respite services model?

- ☐ Limited social model (provides some assistance with activities of daily living [ADLs], but no personal care such as feeding or incontinent care)
- ☐ Social model (provides assistance with some ADLs and services to help participants with physical and mental functioning)
- ☐ Health/medical model (in addition to the above, provides skilled nursing and rehabilitative services, including occupational, physical and speech therapies)
- ☐ Specialized model (services targeted to specific patient populations such as Alzheimer's/dementia, brain injured, developmentally disabled, etc.)

Other (please specify)

6. How are adult group respite services paid for?

- ☐ State reimburses with state funds
- ☐ Medicaid
- ☐ Older Americans Act Title III-B (Supportive Services)
- ☐ Older Americans Act Title III-E (Family Caregiver Support)
- ☐ Private funding from organizations
- ☐ Private pay (out-of-pocket)

Other (please specify):

ATTACHMENT B

7. Do you maintain a wait list for adult group respite services?

- ☐ Yes
- ☐ No

If you answered "yes", how many people are waiting for adult group respite service?

8. Does your state allow churches or other faith-based groups to provide adult group respite?

- ☐ Yes
- ☐ No

9. Does your state require adult group respite providers to be subject to any of the following oversight mechanisms?

- ☐ License
- ☐ Certification
- ☐ Registration
- ☐ Accreditation
- ☐ Service standards/practice guidelines associated with specific funding sources
- ☐ My state does not subject group respite providers to oversight

10. What agency (or agencies) provide oversight of adult group respite providers in your state?

- ☐ State Unit on Aging
 - ☐ Area Agency on Aging
 - ☐ State or local health department
 - ☐ State or local human services agency
 - ☐ Private organization that is a funding source
 - ☐ Not applicable
- Other (please specify)

ATTACHMENT B

11. What kind of oversight is included in your state's oversight process? Please check all that apply.

- ☐ Initial on-site inspection of facility where group respite services are provided
- ☐ Periodic (e.g., annual) on-site inspection of facility where group respite services are provided
- ☐ Staff to participant ratio requirements
- ☐ Staffing expertise requirements (e.g., certain level of education, certain number of years work experience, etc.)
- ☐ Physical plant requirements (e.g., minimum square footage, life safety code inspections, sanitation inspections, etc.)
- ☐ Desk audit review of documentation
- ☐ End of year demographics tracking report
- ☐ Periodic quality of care review
- ☐ None of the above

Other (please specify)

12. If faith-based or churches are permitted to render adult group respite services, does your state subject these providers to any oversight requirements?

- ☐ Yes, they are subject to the same requirements as any other adult group respite provider.
- ☐ Yes, but the requirements they are subject to are different than other adult group respite providers.
- ☐ No
- ☐ Not applicable

If the requirements are different for faith-based adult group respite providers, please explain how they are different:

ATTACHMENT B

13. Does your state limit operational hours per day and/or week for adult group respite providers?

- ☐ Yes
- ☐ No

If you answered yes, please describe the limitation:

14. Please check the items that best describe your state's eligibility criteria for receipt of adult group respite services.

- ☐ My state does not have any eligibility criteria
- ☐ Participant must be at least 18 years old
- ☐ Participant must be at least 60 years old
- ☐ Caregiver must be at least 60 years old
- ☐ No age requirement for caregiver
- ☐ Participant must undergo assessment or receive MD referral
- ☐ Financial eligibility standards apply to caregiver and/or participant
- ☐ Caregiver and participant must reside in same household
- ☐ Caregiver must have primary caregiving responsibility

Other (please specify)

15. Please provide any additional comments you may have about adult group respite services in your state

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ATTACHMENT C

Question 2:

Is there a need for adult group respite services in your state?

State	Yes	No	Other (please specify)
Alabama	X		
Missouri	X		
Arkansas	X		
Ohio	X		
Virginia	X		
Idaho	X		
Minnesota	X		
New Mexico	X		
Kansas		X	Respite services can be provided by in our state by adult care homes which include nursing homes, assisted living and residential health care facilities, homes plus, and adult day care services. I have not received any communication indicating there is a need for more respite services in our state.
Delaware	X		
Colorado	X		
Wisconsin	X		
Vermont		X	The need [group respite] is currently met through adult day services, we have not heard of any outstanding needs in terms of other models, approaches, etc.
Alaska	X		
Nevada	X		
NC	X		

ATTACHMENT C

Question 3:

Does your state differentiate adult group respite services from adult day services?

State	Yes	No	If you answered yes, please explain the differentiation.
Alabama	X		Adult day services have traditionally been 5 days a week during normal working hours for mental health, individuals with dementia and head injuries, etc. Adult group respite services have most often been faith based and for temporary respite such as one day or night per month. ADSS had a small grant to AAA's Caregiver Programs last year to provide temporary adult respite services at senior centers while caregivers were attending training.
Missouri		X	
Arkansas		X	
Ohio		X	
Virginia		X	
Idaho		X	
Minnesota	X		In Minnesota, group respite is a generally a companionship model that provides companionship, supervision and social opportunities. It does not provide "hands on" or personal care (e.g., mobility, transferring or toileting) or nursing care, so it is not a licensed service. Activities may include but are not limited to education, health and wellness activities, a noon meal or snack, assistance with meals, music, speakers, medication reminders, transportation and community resources. Group respite programs are staffed by volunteers who are trained and supervised by a nurse or social worker. Sites generally operate for short periods of time since they do not provide personal care or supervision. Operating policies, activities, hours and days of service vary by program. In contrast, adult day services, is a formal licensed service that offers an individualized and coordinated set of health, nutrition and supportive services. It is regularly scheduled, operates less than 24 hours a day, two or more hours per day and one or more days per week. The group respite programs are sometimes a bridge to adult day care services for older adults as their care needs intensify.
New Mexico		X	
Kansas		X	
Delaware		X	
Colorado		X	
Wisconsin		X	
Vermont	X		Note that adult day is the only form of group respite available in Vermont. However, there would be nothing stopping a provider from offering group respite and defining it as they see fit. For adult day services, in order to receive reimbursement from the state, the center must meet established standards and be certified by the state.
Alaska	X		Currently in AK, there are no Adult Group Respite services available through the Medicaid Waiver or Grant funded services unless the individual is eligible under the Developmental Disability Waiver program.
Nevada		X	
NC	X		Adult day care/day health programs must be certified. Group Respite programs don't. Each service has different regulations.

ATTACHMENT C

Question 4:

Are group respite services for adults available in your state?

State	Yes, but only available in some areas	Yes, Available statewide	No	Other (please specify)
Alabama	X			Very few
Missouri	X			
Arkansas	X			
Ohio		X		
Virginia	X			
Idaho	X			
Minnesota	X			The companionship respite model is geared to older adults and their families. Day habilitative services are more widely used for younger disabled adults.
New Mexico	X			
Kansas		X		See the answer to Question 1.
Delaware	X			
Colorado	X			
Wisconsin	X			
Vermont		X		Group respite is provided via the adult day services network.
Alaska			X	Group Respite services are only available (as Day Habilitation) under the Developmental Disabilities program.
Nevada	X			
NC	X			

ATTACHMENT C

Question #5:

Which of the following best describes your state's adult group respite services model?

State	Limited Social Model	Social Model	Health/Medical Model	Specialized Model	Other
Alabama	X			X	
Missouri			X		
Arkansas		X			
Ohio		X	X	X	
Virginia	X				
Idaho					Each of the five or six adult group day services projects are different from the others. Community resources and the driving forces behind the creation of the program have more to do with how the program evolves than following any particular model.
Minnesota	X				Once again, Minnesota's group (companionship) respite model does not provide "hands on" or personal care (e.g., mobility, transferring or toileting) or nursing care, so it is not a licensed service and does not operate as such. It is not a state operated prescribed model, but rather a community model developed in response to an identified need at the local level. It can take place in churches or quasi-formal organizations (e.g., block nurse, parish nurse, voluntary service organizations and others that consist of paid staff and volunteers).
New Mexico	X		X	X	
Kansas			X		The type of services provided is the individual facility's decision.
Delaware	X				Some Adult Day Centers offer personal care and feeding, but they are in the minority, most are limited.
Colorado	X	X	X	X	
Wisconsin					Various models exist, ranging from small group social model to health/medical model and Dementia-specific.
Vermont			X		Would comment that a large proportion of people who attend adult day services have some form of dementia.
Alaska			X		
Nevada		X	X		
NC	X				Providers are not to provide personal care and operational hours are limited. Only able to provide verbal and visual cueing.

ATTACHMENT C

Question # 7:

Do you maintain a waiting list for adult group respite services?

State	Yes	No	If yes, how many people are waiting
Alabama		X	
Missouri		X	
Arkansas		X	
Ohio		X	
Virginia			Unknown
Idaho	X		33 were waiting at year end 2008.
Minnesota	X		This is kept at the provider level. Some to have a waiting list from time to time.
New Mexico		X	
Kansas		X	
Delaware	X		It varies throughout the year, currently 30+/-
Colorado		X	
Wisconsin		X	
Vermont	X		Maintained by each individual adult day provider and varies around the state. Usually there is not a large number of people on any wait list.
Alaska			
Nevada		X	
NC	X		7 as of 9/18/09

ATTACHMENT C

Question #8:

Does your state allow churches or other faith based groups to provide adult group respite?

State	Yes	No
Alabama	X	
Missouri	X	
Arkansas	X	
Ohio	X	
Virginia	X	
Idaho	X	
Minnesota	X	
New Mexico	X	
Kansas	X	
Delaware	X	
Colorado	X	
Wisconsin	X	
Vermont	X	
Alaska	X	
Nevada	X	
NC	X	

ATTACHMENT C

Question #9:

Does your state require adult group respite providers to be subject to any of the following oversight mechanisms?

State	License	Certification	Registration	Accreditation	Service standards/practice guidelines assoc. w/specific funding sources	My state does not subject group respite providers to oversight	Other (please specify)
Alabama					X	X	Depends on funding source, but no oversight or regulation for anything other than DHR contracted adult daycares. Medicaid Waiver Daycares have to follow scope of services(standards) in contracts. Mental Health Day Treatment Programs have to follow their certification and contract agreements.
Missouri	X						
Arkansas	X					X	
Ohio		X			X		
Virginia							There is not yet a clear definition of group respite and the question of licensure is still up in the air. See question #3 above.
Idaho					X		the Idaho Commission on Aging requires that providers adhere to the standards established by the National Council on Aging's National Institute on Adult Day Care.
Minnesota						X	Group respite is not a licensed service so it is not subject to state oversight, as traditional respite care services are. Group respite sites have their own operating policies and procedures including standards and guidelines for

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Question #9 continued....							program participation, staffing ratios, volunteer services, quality assurance, training, continuing education and supervision by paid staff.
New Mexico	X				X		
Kansas	X						
Delaware	X				X		
Colorado		X					
Wisconsin		X					Small social model do not require certification but cannot get Medicaid without certification
Vermont		X					RE #8 above, we would allow churches/faith based groups to provide adult day, but should note that currently there are no providers in this category.
Alaska		X					
Nevada	X				X		
NC					X	X	

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Question #10:

What agency (or agencies) provide oversight of adult group respite providers in your state?

State	State Unit on Aging	Area Agency on Aging	State or local health department	State or local human services agency	Private organization that is a funding source	Not Applicable	Other (please specify)
Alabama						X	Only covered through contracts although Department of Human Resources and Department of Mental Health has certification of daycares they certify and contract with for services to their clients. There is no certification or license of any Daycare that does not get funds for their clients.
Missouri	X	X	X				Department of Health & Senior Services Division of Regulation & Licensure
Arkansas	X	X	X		X		
Ohio		X		X			For Medicaid Waiver and OAA funded services AAA have the direct oversight responsibility of Adult Day Services providers. ODA does have service specifications for Adult Day Services which are the basis for AAA oversight. Note that check under #11 are for AAAs only.
Virginia				X			However, this issue is still being studied. Virginia has too few group respite providers for a final decision to have been made.
Idaho		X					If Older American's Act funds or Idaho State Senior Service Act Funds are used to pay for services then Area Agencies conduct quality assurance monitoring of programs at least once per year.

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Question #10 continued.... State	State Unit on Aging	Area Agency on Aging	State or local health department	State or local human services agency	Private organization that is a funding source	Not Applicable	Other (please specify)
Minnesota						X	
New Mexico			X				
Kansas	X						
Delaware	X			X			
Colorado			X				
Wisconsin				X			
Vermont	X						
Alaska							
Nevada			X				
NC						X	

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Question #11:

What kind of oversight is included in your state's oversight process? Please check all that apply.

State	Initial onsite inspection of facility	Periodic on site inspection of facility	Staff to participant ratio requirements	Staffing expertise requirements	Physical plant requirements	Desk audit review of documentation	End of year demographic tracking report	Periodic quality of care review	None	Other (please specify)
Alabama	X	X	X	X	X					All checked only for Mental Health Adult Day Treatment Programs and #2 & 3 & 5 for Department of Human Resource Daycares. All Checked for Medicaid Waiver Contracts.
Missouri	X	X	X	X	X					Desk audit review is done by the Department of Social Services, MO HealthNet Division.
Arkansas									X	Periodic assessment which is incorporated the States' AAA Program Assessment of the National Family Caregiver Support Program that occurs once every planning cycle.
Ohio	X	X	X	X	X	X	X	X		
Virginia									X	See question #10.
Idaho	X	X	X	X	X	X		X		
Minnesota									X	
New Mexico	X	X	X	X	X			X		
Kansas	X	X		X	X			X		
Delaware	X	X	X	X	X	X	X	X		

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Question #11 continued... State	Initial onsite inspection of facility	Periodic on site inspection of facility	Staff to participant ratio requirements	Staffing expertise requirements	Physical plant requirements	Desk audit review of documentation	End of year demographic tracking report	Periodic quality of care review	None	Other (please specify)
Colorado	X	X	X	X	X			X		
Wisconsin	X				X					
Vermont	X	X	X	X	X	X	X	X		The certification and quality review processes are currently under "redevelopment"
Alaska										
Nevada	X	X			X			X		
NC									X	

Question #12:

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If faith-based or churches are permitted to render adult group respite services, does your state subject these providers to any oversight requirements?

State	Yes, they are subject to the same requirements	Yes, but the requirements they are subject to are different	No	Not Applicable	If requirements are different please explain how.
Alabama			X		
Missouri		X			If the faith-based or churches run a social model program, they are exempt from being licensed. If it is a medical model, they have to be licensed by the same requirements as other respite providers through the Department of Health & Senior Services, Division of Regulation & Licensure.
Arkansas				X	
Ohio	X				
Virginia				X	
Idaho	X				The Idaho Commission on Aging requires all Area Agencies on Aging to monitor local contractors for quality assurance. If an Area Agency on Aging contracts with an Adult Day Care provider the Area Agency on Aging will monitor the Adult Day Care provider.
Minnesota			X		
New Mexico	X				
Kansas	X				
Delaware	X				
Colorado	X				The State only monitors Adult Day Centers that receive HCBS funding.
Wisconsin	X				We have many faith-based providers of long-term care services and always require the same level of quality as other providers, with no expectation that we would do otherwise.
Vermont	X				
Alaska					
Nevada	X				
NC	X				

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Question #13:

Does your state limit operational hours per day and/or week for adult group respite providers?

State	Yes	No	If yes, describe the limitations
Alabama		X	
Missouri		X	They are based on an 8-12 hour day.
Arkansas		X	
Ohio		X	
Virginia		X	
Idaho		X	However a client is eligible for no more than 23 hours of service in a day.
Minnesota		X	Not applicable because our state does not regulate group respite programs. Group respite programs typically operate for limited hours and limited days since they do not provide "hands on" care and are staffed by volunteers.
New Mexico		X	
Kansas	X		Respite Care Services provided in an adult day care facility would need to be less than 24 hours per day. Respite Care Services provided in a nursing home cannot exceed 24 hours a day for greater than 14 consecutive days.
Delaware		X	not to my knowledge
Colorado		X	
Wisconsin		X	Funding is the main limit
Vermont		X	In fact we require in that centers offer services at least 5 days per week and for 9 hours per day.
Alaska			
Nevada		X	
NC	X		1 to 4 days per week, up to 6 hours per day

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Question #14:

Please check the items that best describe your state's eligibility criteria for receipt of adult group respite services.

State	My state does not have any criteria	Participant must be at least 18	Participant must be at least 60	Caregiver must be at least 60	No age requirement for caregiver	Participant must undergo assessment of receive MD referral
Alabama	X					X
Missouri		X				X
Arkansas			X			
Ohio			X		X	X
Virginia	X					
Idaho						
Minnesota						
New Mexico	X					
Kansas					X	
Delaware		X	X	X	X	X
Colorado						X
Wisconsin		X			X	
Vermont		X			X	X
Alaska						
Nevada		X				
NC		X				

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Question #14 continued

State	Financial eligibility standards apply to caregiver and/or participant	Caregiver and participant must reside in same household	Cargiver must have primary caregiving responsibility	Other (please specify)
Alabama	X			# 1 for all except Medicaid Waiver Daycare contracts, Mental Health Criteria and Department of Human Resource Contracts (6 & 7)
Missouri	X			Participants 18-59 years old must qualify based on a physical and/or mental disability, and meet a NF level of care. Caregiver has to be at least 18 years old for Title III funded services.
Arkansas				
Ohio	X			Note that for OAA service there are no financial eligibility requirements for either the caregiver or the participant. We do have cost sharing for OAA services. For the PASSPORT Medicaid waiver participants must meet the financial eligibility requirements of the waiver.
Virginia				
Idaho				IDAHO ADMINISTRATIVE CODE IDAPA 15.01.01 Idaho Commission on Aging Rules Governing Senior Services Program 021.ELIGIBILITY. Persons eligible to receive services under the Senior Services Program shall be sixty (60) years of age or older and residents of the state of Idaho. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. 042.ADULT DAY CARE. 02. Eligibility. Individuals eligible for adult day care include: a. Those who have physical or cognitive disabilities affecting ADL or IADL functioning; b. Those capable of being transported; c. Those capable of benefiting from socialization, structured and supervised group-oriented programs; and d. Those capable of self-care with supervision or cueing. 03. Eligibility Determination. Highest priority shall be given to clients with the greatest degree of functional or cognitive impairment and then to clients lacking informal supports other than the regular caregiver.
Minnesota				Providers have their own eligibility guidelines for participating. Generally programs are targeted to older adults 60+ years of age who are frail , or persons with early to mid-stages of memory loss. Must have a family or unpaid caregiver. May require an intake or assessment prior to participating in program, or physician release to participate in program, or both.
New Mexico				

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Question #14 continued				
Kansas				Adult Care Homes cannot admit anyone under the age of 16.
Delaware	X	X	X	Eligibility depends on restrictions of funding source (i.e. Title III E is for over age 60 or under age 60 with a diagnosis of early onset dementia; caregiver and participant don't have to live together. State funds can be used for anyone over age 18 with a physical disability, Title III B requires a 24hour a day live in caregiver, etc.)
Colorado				
Wisconsin	X			
Vermont	X			Financial eligibility is required for Medicaid reimbursed services.
Alaska				
Nevada				
NC				Funding Sources determine eligibility.

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Question #15:

Please provide any additional comments you may have about adult group respite services in your state?

State	Additional Comments
Alabama	Alabama has 90 adult day cares listed in our state with a combination of who they provide services to under various contracts or private pay. There are 7 faith based respite programs of which we are aware of and most serve children with disabilities so parents can have a day or night out. They are staffed by church volunteers. There were more in the past but several have closed. There may be more of which we are unaware because there is no way to track them.
Missouri	In Missouri, Group Respite Care Providers are our Adult Day Health Care Providers -- and the service is defined as Adult Day Health Care.
Arkansas	
Ohio	
Virginia	See question #3 and #10.
Idaho	
Minnesota	Our group respite model, since it is a companionship based model, may be very different from what other States offer. These programs are not providing "hands on" care so they are not subject to the same licensure and oversight that our formal care services are. They address an important need in the community and are popular among families and older adults.
New Mexico	
Kansas	
Delaware	
Colorado	Adult Day Services in Colorado are delivered through both Respite care for the Caregiver and as a service to the consumer who attends the Adult Day Program.
Wisconsin	
Vermont	No additional comments at this time. Feel free to call if you have questions.
Alaska	
Nevada	

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GROUP RESPITE

I. Statement of Philosophy and Purpose

Approximately 80% of the care of impaired older adults is provided within the home by family members. Group respite programs are intended to provide temporary relief to family members and other primary caregivers caring for an impaired individual at home. Participation in group respite also provides access for caregivers to supportive services in the community. Group respite provides opportunities for care receivers to engage in a short term program of meaningful social and recreational activities in a secure and supportive setting in order to maximize their cognitive and social abilities. Group respite offers sponsoring organizations the opportunity to provide to the community a part-time program which utilizes professional management and trained volunteers to relieve caregivers while enhancing the quality of lives of care receivers. Through the use of trained volunteers as service team members, group respite provides a low cost enhancement to the provision of care for people with mild to moderate cognitive or physical impairment(s) and their families. Community-based agencies, health centers, churches, synagogues and other community agencies may be involved in the provision of group respite services. Group respite programs must meet the following minimum standards to receive funding from the Division of Aging and Adult Services.

II. Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001 {Public Law 102-375, Section 301 (A)(B)(C)(D)}

G.S. 143B-181.1 (4) (6) (9)

G.S. 143.B-181.(a)(10)

G.S. 143.B-181 (a) (11)

G.S. 143B-181.10 (14)(C)

III. Definition of Service

Group respite provides temporary relief for caregivers, enabling them to meet personal needs and supporting their efforts to provide the majority of care for their family member. It offers participants (care receivers) unique opportunities for socialization and a variety of activities not available to them at home. It is affordable for caregivers and sponsoring agencies, utilizing existing community resources and strengths. Group respite programs can become information resources for caregivers, care receivers and the community.

A. Clients of Group Respite:

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Respite has traditionally been referred to as a service that provides some form of short-term relief to a caregiver. A caregiver is an unpaid person who assists a care receiver, someone who needs assistance or supervision with self-care. Services such as a home delivered meal, adult day care, in-home aide services, institutional or overnight care, or support group participation can result in relief or respite for caregivers. The care receiver is the participant in the group respite program and is the client for reporting purposes, unless the participant is a disabled person under age 60 being cared for by a person over age 60. In that case, the client is the caregiver.

Respite service is provided through a carefully designed program in which cognitively or otherwise impaired older people have the opportunity to socialize and participate in a program of activities that are enjoyable to them. Group respite provides caregivers and care receivers with social opportunities, activities, information about community resources and other services. Group respite services are sometimes called “Caregiver’s Day Out”.

B. Times of Operation of Group Respite Service:

Group respite is a safe setting where caregivers can take care receivers who do not require personal (hands on) care to get a break from their responsibilities. The program operates on a scheduled basis for a period of less than 6 hours a day. Group respite programs must be open a minimum of one day a week for at least 3 hours and the program may not exceed 4 days a week for 6 hours per day without being certified as an adult day care center. Existing group respite programs customarily operate one or two days a week for four hours, and may also operate on the weekend.

When caregivers need more hours of relief or when care receivers need personal care, adult day care or day health could provide that service. In North Carolina, the major differences between group respite service and adult day care/day health service include the following:

C. Group Respite as Distinct from Adult Day Care:

1. *Group Respite:*

- Primary goals are to provide dependable, scheduled, short-term relief for the caregiver, socialization for the care receiver, and resource information for the family.
- The group respite program must be six hours or less per day, usually for one or two days a week.
- Does not require certification as adult day care if participants are not receiving personal care from staff and volunteers such as toileting (incontinence care) or feeding.

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- May be more affordable for a community or local organization to develop and provide than adult day care.

2. *Adult Day Care:*

In North Carolina, as defined in General Statute 131D-6, adult day care is “the ***provision of group care and supervision*** in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled.” **Adult Day Health** is an extension of adult day care services which offers health care services to adults under the supervision of nursing staff.

- Adult day care and day health provides an organized program of services during the day in a community group setting for the purpose of supporting the adults’ personal independence, and promoting their social, physical, and emotional well-being.
- Adult day care and day health programs must operate for a minimum of six (6) hours each day, for at least five (5) days a week. Programs are required to have a full-time program director and the programs must be self-contained with their own staff and separate areas.

IV. Target Population (Eligibility)

- A. Target populations for group respite service are caregivers and care receivers.
- B. The caregiver and/or the care receiver must be 60 years of age or older.
- C. Care receivers of group respite are participants in need of socialization and supervision. Their need for supervision with activities of daily living can be provided through verbal reassurance, encouragement and physical cueing.
- D. Participants either have:
 - 1) physical problems that are medically stable and do not need hands-on personal care assistance or intervention during the service period; or
 - 2) cognitive impairment or behavioral needs which can be handled with redirection, distraction and reassurance.
- E. Participants are able to communicate (though not necessarily verbalize) personal needs.

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- F. Group respite may be appropriate for frail or vulnerable persons who live alone and can benefit from socialization and group activities.

V. Service Provision

- A. Facility:

The program setting must have sufficient space to accommodate the program participants, activities and services. Accommodation is made for participants who do not wish to participate in group activities.

- B. The Program Setting:

The program setting shall facilitate safety, comfort, mobility and independence. Facility requirements are as follows:

- 1) The portion of the building utilized for group respite must provide a minimum of 40 square feet of indoor space per participant, with written policies stating the maximum number accommodated.
- 2) The space complies with all applicable local, county, state, and federal building regulations, zoning, fire and health codes or ordinances.
- 3) Furnishings include a sufficient number of sturdy, comfortable chairs or sofas for informal interaction by all participants and a sufficient number of straight chairs and tables for all participants to engage in table activities.
- 4) The program setting is handicapped accessible.
- 5) The program has available 2 restrooms, at least one of which is handicapped accessible, or a minimum of one toilet (handicapped accessible) shall be available for each 12 adults (including staff, volunteers and participants) in the program.
- 6) The program areas are well lighted.
- 7) The program has access to a space where caregivers, staff, volunteers or participants may have private conversations.
- 8) The program space is smoke-free.

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- 9) A clearly identified safe outside area is provided for the arrival and departure of participants.
- 10) The program area is clean with no visible dirt or dust on the floor or furniture.
- 11) Flooring is conducive to safety.
- 12) A telephone is accessible in the building.
- 13) The program area has adequate heat and air conditioning for year-round use.
- 14) Arrangements are made for inclement weather. When feasible, this may include a sheltered entrance, the availability of large umbrellas, someone to shovel ice or other barriers to safety, etc.

C. Priority for Admission:

- 1) The program will define, in writing, the participants it can appropriately serve and those who are most likely to benefit from group respite.
- 2) Information on admission and discharge criteria will be provided to families at the time of enrollment in the program.
- 3) The program follows a written policy regarding any limitations including age or ability criteria for participants, the number of participants, and criteria for referral from the program to a more appropriate level of care.

D. Requirements for Admission:

Scheduled visits to the program by a caregiver with a participant are encouraged in advance of completion of the documents below and enrollment in the program. Before a participant is enrolled into the program, the program must have the following completed and on file:

- 1) a client registration form (DoA-101 or DSS-5027) on the care receiver (participant), or the caregiver;
- 2) assessment form on the participant (minimum information to include interests, functional needs and abilities);
- 3) a participant health information form signed by a qualified health professional (physician, physician's assistant, nurse, family nurse practitioner);

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- 4) a photo which clearly identifies the participant;
- 5) a signed document that to the best of his/her (family's) knowledge s/he does not have a health condition that puts others at serious risk;
- 6) authorization from caregiver for administration of medications, if applicable; (See *Medications*)
- 7) a cost sharing form signed by the caregiver (or participant if he/she lives alone).

The following additional forms are encouraged to be on file with the program:

- 1) Release forms permitting use of photographs or names of participants;
- 2) Forms for participation in field trips;
- 3) Advance directives for participants who have such directives.

E. Rights of Participants:

The program will protect the rights of its participants by operating in compliance with the Americans with Disabilities Act and the Civil Rights Act of 1964. All employees and volunteers have read and signed the Participant Rights Statement (see attached).

F. Control of Wandering:

A program must have the following precautionary measures in place to redirect participants and to prevent participants from wandering away:

- 1) Written policies and procedures to follow in the event of a missing participant.
- 2) Secured exits (may use devices such as alarm systems, secure outside areas, or supervised exits);
- 3) Local police, nearby residents and businesses have been informed of the group respite program;
- 4) Cognitively impaired participants must have some form of identification such as a name badge on their person or clothing while in the program.

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G. Additional Precautions:

The following are encouraged:

- 1) Name badges for all participants and service team members.
- 2) Shoe prints and scent collections of participants.
- 3) Registration of participants who may wander with an identification and retrieval service such as the National Alzheimer's Association's Safe Return program, the MEDIC Alert Bracelet, Care Trak, etc.
- 4) Identifying mark on participants' name badges if they have dietary restrictions.

H. Program Components: Required components are as follows:

- 1) The availability of information and referral for caregivers, (a file or list of local, state and national resources for caregivers which should include but not be limited to a community Information and Referral Agency, if applicable); the file or list will contain the name of agency, address and telephone number, including toll free numbers if applicable.
- 2) Group and individual activities: Planned, appropriate adult recreational activities each day of the program for participants, including socialization, exercise, music as well as normal household activities such as food preparation and those associated with holidays or seasonal observances. Participants are involved in planning activities whenever possible. A daily schedule of activities shall be posted each month.
- 3) Nutritional refreshment for participants each day that the program is held: Liquid refreshment such as juice, tea or coffee must be offered to participants. Snacks and adequate hydration, although not always visible, must always be available. If the program lasts through a meal hour (12 noon – 1:00 pm, 5:30-6:30 pm) an appropriate meal must be served. If the program lasts longer than 4 hours, a snack consisting of a fruit or juice and a bread item (crackers or low fat cookies) and a meal must be served.

I. Transportation and Support Groups are encouraged but optional services.

J. Communicable Diseases:

The program will take appropriate and reasonable measures to prevent the spread of communicable disease: A signed document must be on file for each service team member (and

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each participant – see *Admission*) stating that to the best of their knowledge they do not have a health condition that puts others at a serious risk which cannot be reasonably accommodated. Each service team member (staff and volunteer) will have a baseline skin test for tuberculosis. Program policies address what measures will be taken if a service team member tests positive for tuberculosis or has evidences of other contagious disease.

K. Safety:

The service team members must ensure the safety of the program participants or care receivers: There should be no fewer than two staff members at any program session. At least one responsible person is designated as the “first responder” at all times that participants are present. The first responder has current certification in CPR and basic first aid. The first responder also has ready access to the kind of advance directives each participant has initiated. The program has written procedures to follow in case a participant is missing, injured or ill.

VI. Documentation of Client Records

A. Client Registration Form and Assessment:

A client registration form must be completed for the participant if he/she is over 60 years of age or for the caregiver if the caregiver is over 60 and the participant is a disabled person under 60. An assessment of the participant includes information on the participant’s background, interests, hobbies, abilities and impairments in order to plan and implement appropriate and supportive programming.

B. Changes in Client Needs:

The program will be responsive to the changing needs of its participants. Initial client registration and assessment information must be reviewed and updated by the program director at least every twelve months or more frequently if there is a significant change that would affect the person’s functioning in the program. Service team members should be observant of significant changes in a participant’s behavior or ability and communicate observations to the program director or first responder. These changes will be noted in the participant’s file. If needed, participants and caregivers are assisted in learning and using appropriate community services.

VII. Confidentiality

Group respite programs shall ensure that all client specific information collected is maintained in accordance with the Division of Aging’s Confidentiality Policies and Procedures as outlined in the

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Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

VIII. Staffing and Operational Requirements

A. Job Descriptions:

The program has job descriptions for the program manager and any other paid or volunteer members of the service team.

B. Program Management:

The program has a program manager who is responsible for the management of the service and ensures that activities and services are provided for socialization and enjoyment. The program manager shall be at least 21 years of age and have a minimum of a high school education and two years of post secondary education from an accredited institution of education or shall have a high school education and two years experience working with elderly or handicapped adults and their families. The program has an organizational chart showing who is responsible for the management of the service.

C. Written Policies and Procedures:

The program maintains appropriate written policies and procedures, including, but not limited to:

- Mission statement
- Target population
- Eligibility and discharge criteria
- Policies to prevent wandering
- Medications
- Safety and emergency procedures
- Prevention of communicable diseases

The program manager reviews the above policies on safety and emergency semi-annually and all other policies and procedures annually.

D. Medications:

Medications shall be administered according to the participant's established medication schedule as authorized by the responsible caretaker.

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If a participant is unable to be responsible for his/her medication, the medications and written instructions for administering them must be signed and provided by the caregiver and marked with the participant's name and time of dose. It shall be kept in a secured and designated place for him/her and given for him/her to take at the time indicated in the caregiver's written directions by the program manager or a person designated as first responder. Documentation of whether or not the medications are kept by the program shall be included in each participant's file.

E. Staff and Volunteers:

The program must have an adequate number of trained staff and volunteers (service team members) to provide the services. There shall be one service team member to no more than three participants. Stand-alone programs (those which operate in space where no other staff is nearby when the program is being held) have at least one service team member and one other responsible person at the program at all times that the participants are present.

The following measures must be taken to assure that staff and volunteers are appropriate for the program. Documents are in the service team member's file:

- 1) An application form shall be completed containing referral source, background experience, interests and skills.
- 2) A job description shall be given to the staff member or volunteer. Whenever a volunteer functions in the capacity of staff, all personnel policies, except financial remuneration, shall apply. Each volunteer and staff member will receive orientation to the program and the necessary training and supervision to effectively carry out their responsibilities as specified above. A checklist in his/her file will indicate that each volunteer and staff has been trained in confidentiality policy, the Participant Rights Statement, and safety issues. It is recommended that volunteers be recognized for their contributions to the program at least annually.

F. Orientation and Training:

Each service team member understands and acts in accordance with the following policies and procedures. Programs are expected to seek consultation or outside training when needed to meet the specific needs of participants or families. Each service team member has a signed statement on file that he/she will comply with the Participant Rights Statement.

The orientation for service team members will include but is not limited to:

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Revised: Effective: June 1, 2009

GROUP RESPITE

- Program Mission and Purpose
- Confidentiality
- Prevention of wandering/elopement
- Dementia: behavior acceptance
- Program policies and procedures
- Staff and service team roles
- Caregiver needs
- Care receiver needs
- Fire and safety techniques
- Participant rights
- Activity planning

G. Advisory Board:

The program has an advisory board representative of public and private organizations and caregivers in the community, which considers policy, fund raising, public relations, outreach, etc. The advisory board meets on a regularly scheduled basis. This oversight function can be performed by the sponsoring agency Board of Directors.

H. Liability:

The program has liability insurance coverage for employees, volunteers and advisory board members.

IX. Reporting and Reimbursement

A. Reporting:

All providers shall submit either an Aging Resources Management System (ARMS) Client Registration Form (DoA-101) or a DSS-5027 form for participants over age 60 receiving Group Respite Services. If the participant is a disabled adult under age 60 and the caregiver is over 60, the caregiver should complete a client registration form (DoA-101 or DSS-5027). The completed DoA form shall be forwarded to the Area Agency on Aging for entry into the ARMS system, keyed directly into the ARMS system, or the DSS form forwarded to the county Department of Social Services for entry into that data system.

B. Annual Client Registration:

ATTACHMENT D

North Carolina Division of Aging and Adult Services
Group Respite Service - Policies and Procedures
Effective Date – July 1, 1997
Revised: Effective July 1, 1998
Revised: Effective: June 1, 2009

GROUP RESPITE

In order to maintain accurate client data, agencies must conduct an update of client registration information during annual service reassessments. Depending upon the type of agency providing the service, information will be updated on either form DoA-101 or DSS-5027 and entered into the appropriate information system. Only the signature of the agency staff person completing the update is required. Updated information must be documented in each client's record.

C. Reimbursement:

- 1) Group respite services will be reimbursed on a ~~non-unit basis (line item budget) or unit of service basis depending upon how long the program has been in operation. During~~
~~the first two state fiscal years that a program receives funding through the Home and Community Care Block Grant, the program may be reimbursed on a cost basis (line item budget). The service code is 209. For the third and all subsequent years of operation, programs will be reimbursed on a unit of service basis with service code 309. Details regarding reimbursement according to units of service will be developed by December 1998. Two separate service codes will be assigned for group respite care to reflect whether the program is being reimbursed on a "line item" basis or a unit of service basis.~~
- 2) Specific procedures for reporting client and service reimbursement data are outlined in the Division of Aging's Home and Community Care Block Grant Procedures Manual for Community Services Providers.
- 3) Group respite service is subject to Service Cost-Sharing Policies and Procedures as specified in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

D. Unit of Service:

In the third state fiscal year that a program receives funding, the program shall report on a unit basis. A unit is defined as a day of service, consisting of a group respite program with no fewer than 3 hours and a maximum length of 5 hours.

ATTACHMENT E

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF AGING AND ADULT SERVICES

U.S. Department of Health and Human Services,

Administration on Aging: Center for Program Operations

Lifespan Respite Care Program

2009 - 2012

SUMMARY / ABSTRACT

The Division of Aging and Adult Services (DAAS) of the N.C. Department of Health and Human Services is pursuing this Lifespan Respite Care Program opportunity in collaboration with the Division of Medical Assistance, the Office of Long-Term Services and Supports, the North Carolina Respite Care Coalition and other key partners. The project's goal is to enhance and expand the quality and availability of lifespan respite services for all age groups throughout North Carolina via consumer and provider educational and informational activities, volunteer and provider training, and resource development. We will build upon prior successes and strengthen existing linkages to create a more coordinated system of respite services, improving access and reducing barriers to respite. The objectives are to: 1) Research, adapt and implement a model Lifespan Respite Care Program for NC; 2) Improve statewide coordination of respite care services; 3) Enhance infrastructure through new relationships with the faith and medical communities; and 4) Develop an innovative statewide respite education and public awareness initiative.

Expected outcomes are: 1) Better informed caregivers of adults and children about respite services and how to access them; 2) Higher quality and more diverse and accessible respite options; 3) Enhanced database systems to improve information dissemination about and coordination of respite services; and 4) A stronger statewide respite care system. Project products include: a web-based guide to NC lifespan respite services; a model public relations plan for NC respite services; a web-based guide highlighting best practice respite care worker and volunteer recruitment and training programs in NC; and a series of web-based, print, and video segments to help family caregivers.