

## GROUP RESPITE

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### **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.

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

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### 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.
- 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.

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- 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);
- 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;

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- 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.

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.

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- 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 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.

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

### VIII. Staffing and Operational Requirements

A. Job Descriptions:

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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.

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.

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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:

- 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

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- 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:

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:

- ↳ 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

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~~——— 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.