

INSTITUTIONAL RESPITE CARE

I. Statement of Philosophy and Purpose

The principle purpose of respite care is to provide temporary relief to the primary caregiver. Institutional Respite Care is intended to provide short term institutional care to relieve unpaid, primary caregivers who are caring for individuals who require constant supervision and who cannot be left alone either because of mental or physical problems. Institutional Respite Care is also intended to prevent premature long-term institutionalization of individuals by supporting and sustaining caregivers and providing time away from caregiving while providing quality care to the person who needs care.

II. Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001; [Public Law 100-175, Section 306(a)(1)]

G.S. 143B-181.10

G.S. 143B-181.1(c)

G.S. 143B-181.1(a) (11)

III. Definition of Service

Institutional Respite Care Service is temporary placement of an individual who requires constant care and/or supervision out of his/her home to provide the primary, unpaid caregiver temporary relief from caregiving responsibilities.

IV. Location of Service

Institutional Respite Care Service may be provided in the following locations only:

1. Certified Adult Day/Health Care Facility;
2. Licensed Domiciliary Care Facility;
3. Licensed Nursing Facility;
4. Licensed Hospital.

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V. Client Eligibility

Caregivers eligible for Institutional Respite Care Service are limited to those:

Unpaid, primary caregivers who are less than 60 years of age and who are caring for persons who:

- Are 60 years of age or older; and
- Require constant supervision; and
- Cannot be left alone either because of memory impairment; physical immobility, or other problems that render them unsafe alone; or

Unpaid, primary caregivers who are 60 years of age or older who are caring for persons who:

- Are age 18 and over;
- Require constant supervision; and
- Cannot be left alone either because of memory impairment, physical immobility, or other problems that render them unsafe alone.

VI. Service Provision

Institutional Respite Care Service provides needed relief to unpaid, primary caregivers of persons who cannot be left alone because of mental or physical problems.

Primary tasks must include:

A. Screening/Intake:

Screening/intake is a preliminary process used to determine if client eligibility is met. The screening/intake instrument must be completed for each caregiver who requests service. The screening/intake may be conducted in person or by telephone. The screening/intake instrument must address the following categories:

1. Caregiver identification information;
2. Ability of the person requiring care to perform activities of daily living;
3. Ability of the person requiring care to perform instrumental activities of daily living;
4. Physical functioning of the person requiring care;
5. Caregiver's perception of the emotional well-being of the person requiring care;
6. Extent of support provided by the primary caregiver;
7. Services currently received by the person requiring care/caregiver.

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Institutional Respite Care service providers may use the Division of Aging Service Outcome Screen (SOS profile), or their own screening/intake instrument provided it addresses all of the categories listed above. The Division of Aging SOS profile form (DOA-403) is included as Appendix A. An instructional manual which corresponds to the SOS profile is available from the Division of Aging and Adult Services upon written request.

B. Home Visit:

A home visit shall be made to verify information obtained during the screening process. The screening/assessment instrument must be signed and dated by the person conducting the home visit and filed in the client record.

C. Service Plans:

A service plan shall be maintained by the service provider agency for each person requiring constant care/supervision. The service plan shall indicate the tasks to be provided in the absence of the caregiver. The service plan must be dated and signed by the caregiver and the professional responsible for developing the service plan.

VII. Documentation of Records for the Person Requiring Constant Care/Supervision

Records shall include a completed copy of the screening/intake instrument, documentation of home visit to verify screening/intake information, and service plan. An emergency contact person must be identified and maintained in the record. Documentation must include a statement that the caregiver has been made aware of Client/Patient Rights. A sample copy of Client/Patient Rights is included as Appendix B.

VIII. Confidentiality

Agencies which provide Institutional Respite Care Service shall ensure that all client information collected is maintained in accordance with the Division of Aging's Confidentiality Policies and Procedures as specified in the Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers.

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IX. Staffing Requirements

Any hands on care required in the absence of the caregiver must be provided by an appropriately trained professional or paraprofessional (e.g. aide, registered nurse, licensed practical nurse).

X. Service Cost-Sharing

Clients receiving Institutional Respite Care Services are subject to the Division of Aging's Service Cost Sharing Policies and Procedures outlined in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

XI. Reporting and Reimbursement

A. Reporting

All providers, except local departments of social services, shall submit a Management Information System (MIS) Client Registration Form (DoA-101) for clients receiving Institutional Respite Care Services. The completed form (DoA-101) shall be forwarded to the Area Agency on Aging for entry into the MIS. If a local department of social services is administering the program, clients shall be registered via the DSS-2515 form and the information entered into the Services Information System (SIS).

In order to maintain accurate client data, agencies must conduct an update of client registration information every twelve (12) months, as appropriate. Depending upon the type of agency providing the service, information will be updated on either form DoA-101 or form DSS -2515 and entered into the appropriate information system. Agencies may update client registration information by telephone or in person. Only the signature of the agency staff person completing the update is required. Updated information must be documented in each client's record.

For reporting purposes, the client for Institutional Respite Care Services is:

- The caregiver if age 60 or over; or
- The person requiring constant care/supervision if age 60 years or older; or
- The caregiver if both the caregiver and the person requiring constant care/supervision are age 60 years or older.

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B. Reimbursement

Institutional Respite Care Services shall be reimbursed in accordance with the number of units of service provided. A unit of service consists of one (1) hour of Institutional Respite Care Services provided to an eligible client.

C. Maximum Rates for Reimbursement

Reimbursement for Institutional Respite Care Services shall not exceed the current maximum monthly rate or domiciliary care that may be charged to public assistance recipients. The maximum monthly rates for domiciliary care are available through the North Carolina Division of Social Services. (The current maximum monthly rates effective July 1, 1991 are \$832.00 per month for ambulatory persons; \$871.00 per month for semi-ambulatory persons.)

To determine the maximum reimbursement rate per day, divide the current monthly maximum monthly rate by the number of days in the month, then multiply the daily rate times the number of days the service is provided during that month.

Specific procedures for reporting client data and service reimbursement information are outlined in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

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APPENDICES

Date / /

The Service and Service Outcome Screen SOS PROFILE

Client's Name _____

	Last	First	MI		Agency Use
Problem Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health	Cog/MH	IADL	ADL	Help
		S. Support	Housing	Income	Agency Referred
					URGENT <input type="checkbox"/>

1. Basic Information From: Self Other

a. Client Phone _____

b. Street Address _____

c. City/Township _____

d. County _____

e. Zip Code _____

f. Date of Birth _____

g. Mother's maiden name _____

h. S.S. Number _____

i. Client Needs/Preferences for Services

j. Sex: Female Male

k. Racial/Ethnic Identity

White Black American Indian

Asian Hispanic Other _____

l. Mention of Unmet Skilled Need Yes No
(e.g., help with oxygen/sterile dressing,
electronic equip./I.V./monitoring)

Comment _____

Appropriate for agency.

Perhaps appropriate for agency.

Not appropriate for agency.

2. Emergency Contact?

Contact _____

Phone: Days _____ Nights _____

Doctor _____

Phone _____

3. Complete ONLY IF CALLER IS OTHER THAN CLIENT

a. Caller's name _____

b. Caller's phone _____

c. Relation to client _____

d. Reason not to call client _____

e. Caller sees situation as URGENT: Problem

4. Health Perceptions and Services

a. Diagnosed or Perceived Health Problems

b. Would you say in general your/his/her health is:
Excellent Very Good Good Fair Poor

c. How much bodily pain during past month?
None Very Mild Mild Moderate Severe

d. Hospital (past year) Yes No

e. Doctor's care (past month) Yes No

f. Nurse in home (past month) Yes No

g. Service agency involvement (past yr.) Yes No

h. If YES, agency (ies)? _____ Problem

5. Cognitive/Mental Health

Sense of Well-Being
How much time in the past month?

a. Nervous All Some None

b. Sad/nothing cheers All Some None

c. "In touch" If client answered Section 1, were answers a. through h.:

Appropriate

Questionably Appropriate

Clearly Inappropriate

d. In section 3, was reason not to call client given as confusion, Alzheimer's Disease, dementia or related disorders?
Yes No Problem

APPENDIX A

Client's Name _____
 Last First MI

Functional Activities

	Able To	Has Help	Enough Help
6. IADI.			
a. Use transport	y n	y n	y n
b. Use phone	y n	y n	y n
c. Take medicine	y n	y n	y n
d. Manage money	y n	y n	y n
e. Do shopping	y n	y n	y n
f. Do housework	y n	y n	y n
g. Do laundry	y n	y n	y n
h. Prepare meals	y n	y n	y n

Add "no" in "able to" column Problem

9. Social Support

a. Client lives alone Yes No

b. If NO, with whom? _____

c. If YES, is client in regular contact with anyone other than caregivers (listed in Section 8)? Yes No

Contact's name _____

Relationship _____

Phone number (if known) _____

Problem

7. ADL

a. Bath	y n	y n	y n
b. Dress	y n	y n	y n
c. Walk inside	y n	y n	y n
d. In/out bed	y n	y n	y n
e. Use bathroom	y n	y n	y n
f. Eat	y n	y n	y n

Add "no" in "able to" column Problem

10. Housing

a. Indoor Plumbing yes no

b. Heat okay yes no

c. Cool okay yes no

Is toilet convenient:

d. To bedroom yes no

e. To living quarters yes no

Problem

8. Help with ADL/IADL

a. Name of Caregiver _____

b. Phone number _____

c. Relation to client _____

d. Hrs/wk _____ e. Help: paid or unpaid

f. Other Helpers _____

g. Relation to client _____

h. Hrs/wk _____ i. Help: paid or unpaid

Problem

11. Income

a. Gets SSI (gold) check yes no

b. Enough to pay for needs and extras yes no

c. Estimated income (monthly) \$ _____

d. Possible self-pay yes no

e. Receive Medicaid (blue card) yes no

Problem

Directions to Home _____

P

R

O Referred to _____ Date _____

B

L

E URGENT Agency _____ Completed by: _____

M Follow-up Assigned to: _____ Date _____

APPENDIX B

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, charges, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency, and the program in particular.
14. You have the right to be fully informed about other services provided by this agency.