



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: May 20, 2008

PSC#820

TITLE III E RESPITE CARE SERVICES

FOR

DIVISION OF SERVICES FOR AGING ADULTS WITH PHYSICAL  
DISABILITIES

Date Due: June 23, 2008  
11:00 AM

ADDENDUM # 3

**PLEASE NOTE:**

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE  
ABOVE MENTIONED BID.

---

SANDRA S. SKELLEY, CPPO  
PROCUREMENT ADMINISTRATOR  
(302) 255-9291

---

Gwen Miller-Reilly 255-9966

**Change made to the Title III E Service Specifications as follows:**

**Line 9.4 was removed:**

9.4 Invoices should reflect total amount due, less donations, for example:

Total Invoice for October:	\$1,200.00
Donations Collected in October:	<u>\$ -200.00</u>
Total Due from DSAAPD for October:	\$1,000.00

## TITLE III-E RESPITE CARE

### 1.0 SERVICE DEFINITION

- 1.1 Title III-E Respite Care is a service which provides short-term relief to a **principal caregiver** providing care to a **frail** individual 60 years of age or older, or under the age of 60 with a medical diagnosis of early onset dementia (i.e. Alzheimer's Disease) who cannot care for him or herself.
- 1.2 This service offers the principal caregiver a break from the demands of ongoing care and can be provided in the absence of the caregiver or while the caregiver remains in the home.
- 1.3 Respite care service can be provided in a number of ways, and the type and extent of care may vary dependent upon circumstances.
- 1.4 Respite care can be provided:
  - 1.4.1 in the home by a licensed professional or trained companion;
  - 1.4.2 in a long-term care facility (such as a nursing home or assisted living facility);  
or
  - 1.4.3 in a facility which houses an adult day services program.
- 1.5 Regardless of the setting, participant's right of privacy and confidentiality will be maintained to the fullest extent possible.
- 1.6 Respite care may be provided for caregivers who reside outside of Delaware, if they are the principal caregiver of a frail, older Delawarean.
- 1.7 **Definitions:**
  - 1.7.1 A **principal caregiver** is an adult who is a family member or other individual providing ongoing care to an older person. This includes providing or arranging for the provision of personal care and other activities and instrumental activities of daily living. The caregiver is not required to live with the frail older person. However, if the caregiver does not live with the care recipient, the care provided by the caregiver must be substantial, hands on care and must be provided on an almost daily basis. If the caregiver lives with the care recipient, the caregiver is not required to be in the home 24-hours a day.
  - 1.7.2 A **frail, older person** is someone who is determined to be functionally impaired because:
    - 1.7.2.1 the individual is unable to perform at least two *activities of daily living* without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
    - 1.7.2.2 due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual himself/herself or to another person.
  - 1.7.3 **Activities of daily living** include basic activities such as eating, bathing, dressing, toileting, walking or moving about the house, or transferring into or out of a chair or bed.

### 2.0 SERVICE GOAL

- 2.1 The goal of Respite Care is to provide the caregiver with relief from the demands of caregiving. The intent is to maintain the caregiver's health and well-being, reduce stress levels and prevent exhaustion of the caregiver, while assuring continuous care for the care recipient.

### 3.0 SERVICE UNIT

- 3.1 The unit of service for Respite Care may be either hourly or daily depending on the extent and type of service rendered. The provider shall develop rate schedules, as applicable:
  - 3.1.1 ***In-Home Respite***

- 3.1.1.1 An hourly rate for in-home respite care.
  - 3.1.1.1.1 In-home respite is defined as respite provided in the home by a licensed professional or trained companion, this service relieves the primary caregiver so that they may rest or leave the home for short periods of time.
    - 3.1.1.1.1.1 Services will not exceed 260 hours per client per contract year for in-home and/or institutional respite.

**3.1.2 *In-Home Respite, weekend and evening hours***

- 3.1.2.1 An hourly rate for in-home respite care provided on weekdays from 6pm to 6am and weekends from Friday 6pm through 6am Monday.

**3.1.3 *In-Home Respite Urgent Need 24 hour care***

- 3.1.3.1 A daily rate (24 hours) for one-time emergency or short-term needs. A provider agency would provide around-the-clock care in the home for up to 72 continuous hours if justified and approved by the Division Contract Manager (limited to one occurrence per year per client).
  - 3.1.3.1.1 Each day of in-home urgent need respite care counts as 24 hours of service toward the maximum of 260 hours per client per contract year.

**3.1.4 *Institutional Respite***

- 3.1.4.1 A daily rate (24 hours) for institutional setting respite services.
  - 3.1.4.1.1 Institutional respite is defined as respite provided in a licensed nursing home facility or a licensed assisted living facility.
    - 3.1.4.1.1.1 Each day of institutional respite counts as 24 hours of service toward the maximum limit of 260 hours per client per contract year.

**3.1.5 *Adult Day Services***

- 3.1.5.1 A daily rate for Adult Day Services.
  - 3.1.5.1.1 Adult Day Services respite is defined as respite provided in a licensed Adult Day Services facility. This service not only relieves the primary caregiver but also provides a therapeutic environment for the care recipient.
    - 3.1.5.1.1.1 Regular attendance should be scheduled for 2 days per week and may not exceed 2 days per week.
    - 3.1.5.1.1.2 Adult Day Services Respite cannot be used in conjunction with in-home or institutional respite.
    - 3.1.5.1.1.3 A care recipient who is no longer appropriate for Adult Day Services and has only partially used their days, may transfer to another type of respite service with approval of the Division Contract Manager.
      - 3.1.5.1.1.3.1 Services will not exceed 104 days per client per contract year for Adult Day Services Respite.

**4.0 SERVICE AREA**

- 4.1 The Respite program is available to all eligible persons within Delaware subject to availability of the service.
- 4.2 Providers may apply for sub-areas of the State.

**5.0 ELIGIBILITY & PRIORITY**

- 5.1 Respite care funded by Title III-E is available only to those clients who would not otherwise qualify for this service under any other program, except Title III-B. Individuals may qualify for Title III-B and/or Title III-E respite; however the individual cannot be served by both programs in a contract year. A request for Title III respite over 260 hours per client per contract year requires written approval from the Division Contract Manager.

- 5.2 Criteria that providers will use to determine client eligibility for Title III-E respite include, but are not limited to, the following:
  - 5.2.1 Care recipient must be a resident of the State of Delaware
  - 5.2.2 Client is age 60 or older, or under age 60 with a medical diagnosis of early onset dementia (i.e. Alzheimer's Disease)
  - 5.2.3 Care recipient is unable to perform at least two activities of daily living (ADL's) (refer to section 1.7.2 & 1.7.3)
  - 5.2.4 Client is currently receiving substantial in-home care from a principal caregiver (refer to section 1.7.1)
- 5.3 **Priorities:**
  - 5.3.1 Priority shall be given to the following:
    - 5.3.1.1 Caregivers who are older individuals with greatest social need; and
    - 5.3.1.2 Caregivers with greatest economic need (with particular attention to low-income older individuals); and
    - 5.3.1.3 Older individuals providing care to individuals with severe disabilities and
    - 5.3.1.4 Persons providing care for individuals with Alzheimer's disease or related disorder; or, neurological or organic brain disorder; and
    - 5.3.1.5 Persons residing in rural areas.
  - 5.3.2 Priority for respite care should go to those individuals meeting the above conditions who are otherwise eligible for admission to a nursing care facility if they do not receive respite care.
  - 5.3.3 Priority for respite care in an *Adult Day Care* setting will go to caregivers who reside with the care recipient and who provide 24 hour care.

## 6.0 SERVICE STANDARDS

- 6.1 Respite services must meet or exceed the following standards:
  - 6.1.1 The agency must meet and comply with all Federal, State and local rules, regulations and standards applying to the service being provided.
  - 6.1.2 The agency must have the capacity to provide, at a minimum, the following service components based on the care recipient's individualized care plan:
    - 6.1.2.1 Household duties such as light cleaning, laundry and meal preparation
    - 6.1.2.2 Personal care services for the care recipient such as; bathing, shampooing, shaving, dressing and toileting
    - 6.1.2.3 Companionship
    - 6.1.2.4 Training / Instruction / Cueing
  - 6.1.3 The agency must complete a caregiver and care recipient assessment form as provided by the C.A.R.E. Delaware administrator in order to comply with statistical reporting requirements of the Older Americans Act.
  - 6.1.4 Client records must be kept in a secure location to protect confidentiality.
  - 6.1.5 Staff must be fully trained, qualified, and when applicable, licensed to provide service.
  - 6.1.6 Agency must maintain, follow, and continually update a training and supervision program to make sure respite staff are fully trained and familiar with agency procedures.
  - 6.1.7 Agency must assign staff with appropriate qualification levels to meet the needs of clients while providing the service in the most economical manner possible.
  - 6.1.8 All requests for service must be processed within five (5) working days of receipt, including identification of possible eligibility for respite service funded from a source other than the Division of Services for Aging and Adults with Physical Disabilities.
  - 6.1.9 In-home case assessments must be done within five (5) working days of receipt of application, unless there is a prioritized waiting list.

- 6.1.10 A plan of care must be developed for each new client within five working days after enrollment.
- 6.1.11 In developing the plan of care, the client must be 1) unable to perform two or more activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision; or 2) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or others.
- 6.1.12 The provider agency must prepare an Individualized Care Plan for the client. The plan must identify those services to be provided to the client in relief of the caregiver. The caregiver must play an integral role in the development of the care plan to ensure that the hours and services provided meet their needs and the needs of the client.
- 6.1.13 Assessments and reassessments must be done by a Registered Nurse (RN); or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments and reassessments.
- 6.1.14 Service must be provided by a licensed agency or facility when applicable.
- 6.1.15 Clients must be reassessed every six (6) months, with revisions made in the plan of care as necessary and to determine if services currently provided through the program continue to meet the needs of the client. Any observed changes must be immediately noted in the client plan of care.
- 6.1.16 A caregiver assessment must be completed at the initial interview, and every six (6) months thereafter. These written assessments of the caregiver's needs should become part of the client's permanent case file, and be available for review during monitoring or other auditing sessions. Caregiver's assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.
- 6.1.17 Caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority clients are being served.
- 6.2 ***Prohibited service components:***
- 6.3 For purposes of planning and reimbursement, respite service may **not** include any of the following:
  - 6.3.1 Persons eligible under some other financing program (i.e. Elderly & Disabled Waiver), unless on a temporary basis until eligibility is confirmed. Exceptions must receive approval from the Division Contract Manager on a case-by-case basis.
  - 6.3.2 Nursing care, unless provided by a Registered Nurse or Licensed Practical Nurse.
  - 6.3.3 Nail or foot care of diabetics.
  - 6.3.4 Lawn care, garden care, raking or snow removal.
  - 6.3.5 Heavy-duty cleaning, furniture moving, or other heavy work.
  - 6.3.6 Financial or legal advice or services (except for referral to qualified agencies or programs).
  - 6.3.7 More than 260 hours of respite care per client per contract year for in-home or institutional respite.
  - 6.3.8 More than 104 days of respite care per client per contract year for Adult Day Services respite.
  - 6.3.9 Using respite hours to extend approved personal care (Exceptions must be approved, in writing, by the Division Contract Manager).
  - 6.3.10 Providing service to persons less than sixty years of age unless they have a medical diagnosis of early onset dementia (Caregiver may be of any age).

## **7.0 WAITING LISTS**

- 7.1 When the demand for service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided; or,

until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD Policy Manual for Contracts, Policy Log Number X-K, Client Waiting Lists. In all cases, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

## **8.0 INVOICING REQUIREMENTS**

- 8.1 The provider will invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, Policy Log Number X-Q, Invoicing.
- 8.2 The following information will also be included on the invoice:
  - 8.2.1 Legal name of care recipient
  - 8.2.2 Hours provided per care recipient
  - 8.2.3 Rate of service provided

## **9.0 DONATIONS**

- 9.1 Care recipients, family members, and/or caregivers must be informed of the cost of providing respite service and must be offered the opportunity to make voluntary contributions based on a recommended donation scale (provided by DSAAPD) to help defray the cost, thereby making additional service available to others.
- 9.2 Service cannot be withdrawn or refused, as a result of a client's refusal to donate.
- 9.3 With regard to voluntary contributions, **providers must:**
  - 9.3.1 Protect privacy and confidentiality with respect to client and caregiver declaration of income.
  - 9.3.2 Safeguard and account for all donations.
  - 9.3.3 Use the contributions to expand services.