

Lifespan Respite Care Grant Planned, Unplanned and Emergency Respite Care Service

Effective 10/1/2019

Purpose

The purpose of the Lifespan Respite Care Grant Service is to offer the funding and resources to support caregivers of children with special needs or of adults who have a need for respite care in the absence of any other public funding sources.

The need for respite care services may result from but is not limited to the following circumstances:

1. Caregiver illness (physical, mental, emotional);
2. Caregiver medical appointments;
3. Caregiver hospitalization;
4. Caregiver death;
5. Illness of a loved one;
6. Funeral/wake;
7. Waiting for approval for other respite funding sources;
8. Substance use disorder;
9. Fire/weather damage to caregiver/care recipients' home;
10. Caregiver/care recipient conflict;
11. Abuse/neglect prevention;
12. Risk of loss of employment.

Definitions

Caregiver: Individuals over age 18, including family members and foster parents, providing unpaid care to adults regardless of age or type of disability who need care to meet basic daily needs, or to children who require care beyond that required to meet their basic needs.

Care Recipient: An adult regardless of age or type of disability who needs care or supervision to meet basic daily needs, or a child who requires care or supervision beyond that required to meet their basic needs.

Respite Care: Temporary relief for the caregiver who is providing unpaid care for an individual of any age.

Respite Provider: An individual, facility, organization which provides respite care services. The provider may be a family member who does not reside with the care recipient, a friend, a neighbor as chosen by the caregiver/care recipient/legal representative.

Eligibility Criteria

The individual receiving respite care services will meet the following criteria:

1. Meet the definition of caregiver;
2. Does not have access to other funding sources or is on a waiting list for available services;
3. Lives with the care recipient or if the primary caregiver does not live with the care recipient, they must be providing frequent on-site visits throughout the day which are essential to assure the client's health and safety. For example, the care recipient would be unable to get out of bed, prepare a meal, etc., in the absence of the caregiver.

Allowable Service Activities

The respite provider may only provide services that are within their licensing capacity or service standards. If the respite provider is a facility, they must make available evidence that the care staff meets the requirements of their licensing entity upon request.

Limits: Lifespan Respite Care Grant Funding

1. Respite is capped at \$1050 per caregiver/family per grant year (September 1st- August 31st).
2. Providers must charge their usual and customary rate.
3. Non-institutional respite care is capped at the daily swing-bed rate regardless of whether an overnight stay is included.
Current swing bed rate:
<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/swing-bed-rates.pdf>
4. The Department of Human Services may grant approval to exceed the service cap if the caregiver/care recipient has special or unique circumstances.

Respite Referrals/Application

1. Request for services will only be accepted from agencies working with caregivers and care recipients. Aging Services will not accept

- referrals directly from individuals, i.e. caregivers, care recipients, family, etc.
2. Aging Services must pre-approve all respite requests.
 3. Retroactive requests for respite funding may be approved on a case-by-case basis.
 4. The Lifespan Respite Care Grant Respite Care Application (SFN 548) should be submitted to carechoice@nd.gov
 5. Electronic signatures are allowed.

Respite Application Revisions

If the respite request exceeds the amount originally approved, the requesting agency must receive prior approval for the change by submitting the original Respite Care Application form (SFN 548) clearly marked "REVISED" (see checkbox for "Revision") on front page of the form. The reason and date must also be indicated.

Respite Cancellations

If the caregiver's circumstances change and the service is no longer needed, the requesting agency must submit the original Respite Care Application form (SFN 548) clearly marked "CANCELLED" (see checkbox for "Cancellation") on front page of the form. The reason and date must also be indicated.

Provider Records: The provider must keep records for each respite care visit. Providers are required to keep their records for a period of 75 months following the last date of service. A sample journal/worksheet is available. The record must include the following:

1. Name of the caregiver/care recipient;
2. Start and end time of the visit (including a.m. and p.m.);
3. Date of service;
4. Amount of service (hours/ days etc.);
5. Brief description of tasks performed i.e. personal care, supervision, socialization, etc.

Provider Billing:

1. Providers will be reimbursed in a form and manner as defined by the Department.
2. All requests for reimbursement must be received within 60 days from the first day of service.
3. All requests for reimbursement must be submitted on the Lifespan Respite Care Grant Provider Service Log (SFN 546).
4. Electronic signatures are allowed.

Service Authorization:

The agency requesting respite services on behalf of the care recipient shall:

1. Submit a Lifespan Respite Care Grant Respite Care Application (SFN 548) to the Aging Services Program Administrator
2. Assure required signatures are on the application;
3. Provide the caregiver/care recipient a copy of the Lifespan Respite Care Grant Planned, Unplanned and Emergency Respite Care Service Standards;
4. Submit a Lifespan Respite Care Grant Respite Provider Agreement (SFN 128) for each provider to the Aging Services Program Administrator;
5. Submit a Substitute IRS Form W-9 (SFN 53656) for each provider to the Aging Services Program Administrator;
6. Provide each provider with a copy of the Lifespan Respite Care Grant Planned, Unplanned and Emergency Respite Care Service Standards;
7. When respite is approved:
 - a. Notify the caregiver/care recipient that the request is approved and provide a copy of the Lifespan Respite Care Grant Respite Care Authorization (SFN 565);
 - b. Notify the provider that the request is approved and provide a copy of the Lifespan Respite Care Grant Respite Care Authorization (SFN 565);
 - c. Provide a copy of the approved Lifespan Respite Care Grant Respite Provider Agreement (SFN 559) to the provider;
 - d. Provide the Lifespan Respite Care Grant Provider Service Log (SFN 546) to the provider;
 - e. Provide the sample journal/worksheet to the provider.
8. When respite is denied:
 - a. Notify the caregiver/care recipient that the request is denied;
 - b. Notify the provider that the request is denied;
 - c. Assist the caregiver/care recipient in seeking other respite care.

Electronic Signatures

Electronic signatures are allowed. By signing electronically there is agreement that the electronic signature is the legal equivalent of a manual/handwritten signature and will have the same validity and enforceability as a handwritten signature.

Grievances

A recipient of Older Americans Act funds/services may file a grievance in writing to the Director of the Aging Services Division. The grievance statement must list the facts related to the grievance, the nature of the grievance, and any request for resolution. The grievance should be made in writing within thirty (30) days of the action. A response to the grievance will be made within five (5) working days of receipt of the grievance.

COVID-19 Updates

Effective April 1, 2020

To provide additional support to unpaid caregivers during the COVID-19 pandemic, the following changes to the Lifespan Respite Care Grant Service Standards are effective immediately and will remain in effect until the emergency has ended as declared by the Governor of North Dakota:

- The requirement that the provider cannot reside in the same household as the care recipient is waived.
 - This will eliminate the concern of having an individual from the outside come into the home.
 - Examples:
 - A student that is home from college could be the respite provider.
 - An adult child who moves in with their parents to assist with caregiving could be the respite provider to give the primary caregiver a break.
- Virtual respite can be utilized if the health and safety of the care recipient can be assured.
 - A provider can utilize technology to interact face-to-face with the care recipient while the caregiver receives a break.
 - Examples:

- A provider can play online games with the care recipient so the caregiver can step away and have a cup of tea.
 - A provider can virtually watch a favorite tv show with the care recipient that is of interest to the care recipient, such as a game show, western, etc.
 - Platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, Zoom, or Skype are examples of technology that can be used.
 - This will eliminate the concern of having an individual from the outside come into the home.
- Lifespan Respite funding may be available regardless of how much respite the caregiver is receiving from other public funding sources.
 - If a professional determines that additional respite is needed to provide relief to the caregiver, Lifespan Respite Care funding may be available.
- The regular application process is still the preferred method to access Lifespan Respite funding. During this pandemic, funding can also be accessed by professionals emailing the Aging Services Division at <https://carechoice.nd.assistguide.net/contact-us> with the following information:
 - Caregiver and Care Recipient Names
 - Address(s)
 - Caregiver and Care Recipient Ages
 - Amount of respite requested
 - Only Page 3 of the application must be submitted
 - This will confirm via electronic signature that the caregiver has made an independent choice of provider(s)
- Provider Agreements and Substitute W-9's can be submitted directly to the Aging Services Division at carechoice@nd.gov
- When possible, the professional making the referral should provide the caregiver and the provider with the required documents as indicated in the Standards.