Calhoun County Senior Services

Minimum Service Standard

SERVICE NAME: RESPITE - CAREGIVER

DEFINITION: Caregiver respite services provide a brief period of rest or relief from the day-to-day care giving of a person who requires continual supervision in order to live in their own home or the home of a primary caregiver, or who require a substitute caregiver while their primary caregiver is in need of relief or otherwise unavailable.

UNIT OF SERVICE One unit of service equals one (1) hour of in-home respite care or one (1) day of out-of-home respite care provided.

INCOME REQUIREMENT: No income requirement applies.

DESIRED OUTCOME: The primary care giver will be given some time away from the responsibilities of providing continual supervision or care of an individual, enabling them to keep their family member at home and avoiding institutionalization.

MINIMUM SERVICE STANDARD:

A. Recipient Eligibility Criteria – In addition to the recipient eligibility criteria contained in the "ALL SERVICES" standard, the following applies:

1. The caregiver or respite care recipient is aged 60 years or older.
2. The respite care recipient must require continual supervision in order to live in their own homes or the home of the primary care giver, or require a substitute care giver while their primary care giver is in need of relief or otherwise unavailable.
3. The respite care recipient must be unable to perform activities of daily living (ADLs) without assistance.
4. The caregiver or respite care recipient is unable to qualify for other respite services.

B. Respite Care Services include:

1. Attendant care for respite care recipients may include companionship, supervision, and/or assistance with toileting, eating, and ambulation.
2. Basic care for respite care recipients includes assistance with ADLs, routine exercise regimen, and assistance with self-medication.
3. Respite care services may include in-home respite, as well as out-of-home respite care.

C. Assessment – An assessment must be conducted before initiating service except if the respite care recipient is referred by another program where an assessment containing the required information was performed within the preceding ninety days. A copy of the assessment must be obtained by the service provider prior to initiating service. The assessment is to be used to determine eligibility and the extent to which services are needed. Each assessment shall be conducted in person, and provide as much of the following information as it is possible to determine:

1. Basic Information regarding respite care recipient
   a. Name, address and phone number
   b. The name, address and phone number of a person to contact in case of emergency
   c. Gender (optional)
   d. Date of birth
   e. Race and/or ethnicity (optional)
   f. Verification of income
   g. Living arrangements
   h. Condition of environment
2. Functional Status
   a. Vision
   b. Hearing
   c. Speech
   d. Oral status (condition of teeth, gums, mouth and tongue)
   e. Prostheses
   f. Limitations in activities of daily living
   g. Eating patterns and special dietary needs
   h. History of chronic or acute illnesses
   i. Prescriptions, medications and other physician orders
3. Support Resources
   a. Physician's name, address and phone number
   b. Pharmacist's name, address and phone number
   c. Services currently receiving or received in the past
   d. Extent of family and/or informal network
   e. Hospitalization history
   f. Medical/health insurance available
   g. Clergy name, address and phone number (optional)
4. Reassessments must be performed every ninety days.

D. On-site evaluation and supervision for in-home respite – Each service provider shall conduct an on-site evaluation of the respite care recipient's situation to ensure that the skills and training of the respite care worker to be assigned coincides with the condition of the recipient. Additionally, each service provider must conduct in-home supervision of the program staff at least twice each year. Supervision must be conducted by a registered nurse.

E. Emergency Plan – An emergency notification plan shall be determined for each recipient, in conjunction with the primary care giver, pursuant to each visit.

F. Medication Policy – Each service provider shall establish written procedures (which shall be reviewed by a consulting physician, pharmacist, or registered nurse) to govern the assistance to be given respite care recipients in taking medications which includes at a minimum:

1. Those authorized to assist respite care recipients in taking either prescription or over the counter medications and under what conditions such assistance may take place. This must include a review of the type of medication to be taken and its impact upon the respite care recipient.
2. Verification of prescriptions and dosages. All medications shall be maintained in their original labeled containers.
3. Instructions for entering medication information in recipient files.
4. A clear statement of the caregiver's responsibility regarding medications to be taken by the respite care recipient while participating in the program and provision for informing the respite care recipient and their caregiver of the service provider's procedures and responsibilities regarding assisted self administration of medications.

G. Supervision and Staffing – Each program shall employ a professionally qualified program director who directly supervises program staff. Supervision must be available to program staff at all times.

H. Service Plans – A service plan must be developed before providing service in cooperation with the respite care recipient, recipient's guardian, or designated representative. The service plan must contain at a minimum:

1. Statement of the recipient's problems, needs, strengths and resources
2. Statement of goals and objectives for meeting identified needs
3. Description of methods and/or approaches to be used in addressing needs
4. Identification of frequency that service will be provided

I. Client Records – Client records should be standardized and contain at a minimum:

1. Details of referral to program
2. Assessment and reassessments
3. Service plan
4. Notes in response to recipient, family and agency contacts