



Calhoun County Senior Services

Minimum Service Standard

SERVICE NAME: OVERNIGHT RESPITE

DEFINITION: Overnight Respite services are provided to senior individuals unable to care for themselves and are furnished on a short-term basis due to the absence of or need of relief for those individuals normally providing services and supports for the individual. This standard addresses overnight respite provided outside of the home.

UNIT OF SERVICE: One unit of service equals one (1) day of overnight respite provided and includes transportation to special outings during their stay.

INCOME REQUIREMENT: Yes. Individuals must be at or below 200% of poverty level as published in the most recent Federal Register. Senior Services Manager can approve an individual exceeding this requirement if there are special extending circumstances (i.e. high medical expenses, prescription costs, etc.).

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

B. Recipient Intake and Screening Requirements: A preliminary individual screening of need must be performed before admission to the program. Such screening may be done over the telephone. Programs must have uniform intake/assessment procedures and maintain consistent records. Screening may be waived for recipients referred by an established care/case management program. At a minimum, records must include:

1. Senior individual's first and last name
2. Current address and phone number
3. Age and date of birth
4. Gender, marital status, race and/or ethnicity (optional)
5. Physician's name, address and phone number



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6. Verification of individual's income and other financial resources
7. The name, address and phone number of the person to contact in case of emergency
8. Handicaps or other diagnosed medical problems
9. Perceived supportive service needs as expressed by the individual and/or their caregiver

C. Comprehensive Individual Assessment: If prescreened as eligible for Prearranged Overnight Respite, a comprehensive initial individual assessment shall be performed at least two weeks prior to the stay. Initial assessments may be waived for clients who attend as a current client. Staff will ensure medication list is current prior to overnight stay. The recipient and caregiver must attend the admission. If recipient is unable, a home visit will be offered. All assessments must be conducted face-to-face and must include the following information:

1. Basic Information:
 - a. Name, address and phone number
 - b. The name, address and phone number of a person to contact in case of emergency
 - c. Gender
 - d. Date of Birth
 - e. Race and/or ethnicity
 - f. Verification of all income of the senior
 - g. Living arrangements
2. Functional Status
 - a. Vision
 - b. Hearing
 - c. Speech
 - d. Dentures
 - e. Prostheses
 - f. Limitations of daily living
 - g. Eating likes/dislikes and special dietary needs
 - h. Allergies
 - i. History of chronic or acute illnesses
 - j. 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. Family and/or informal network of contacts
 - d. Hospitalization history
 - e. Medical/health insurance available



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D. Service Plan: A service plan must be developed before providing service in cooperation with the senior individual, guardian or designated representative. The service plan must contact at a minimum:

1. Statement of the senior'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
5. Treatment orders of qualified health professionals, when applicable
6. List of all medications being taken and must be in the original prescription bottle

E. Reassessment: Reassessments must be performed every ninety (90) days.

F. Recipient Charts: Recipient charts will be kept confidential. Information in the chart will include, but is not limited to recipient referral, intake records, assessment of individual need, progress notes, list of medication and personal information.

G. On-Site Services: Each service provider will ensure that the skills and training of the workers coincides with the condition of the senior. Workers must be evaluated by the registered nurse twice a year.

H. Staffing: Staff providing care must be Certified Nursing Aides or a registered nurse.

I. Transportation: Transportation will be provided for special outings.

1. Drivers must be appropriately licensed to transport.
2. There must be a Certified Nursing Aide with the outing.
3. Vehicles used for transportation shall be licensed, insured and inspected as required by the Secretary of State or Michigan Department of Transportation (MDOT).
4. All paid drivers shall be trained to cope with medical emergencies.