



**North Carolina Department of Health and Human Services
Division of Aging and Adult Services**

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July 9, 2012

Administrative Letter No. DAAS-12-07

To: Area Agencies on Aging Administrators
Project C.A.R.E. Family Consultants
Len Erker, Respite Care Director, Park Ridge Health
Family Caregiver Support Specialists

From: Dennis W. Streets, Director *Dennis W. Streets*
NC Division of Aging and Adult Services

Subject: Family Caregiver Support Program & Project C.A.R.E. Respite Policy Revisions

To further solidify the collaboration between the NC Family Caregiver Support Program (FCSP) and Project C.A.R.E. (Caregiver Alternatives to Running on Empty) and to capture consistent program cost data, the Division of Aging and Adult Services is implementing the following policy changes effective July 1, 2012:

Unit-Based Respite Care

Respite services provided through the FCSP or Project C.A.R.E. must be contracted with a unit of service amount with the exception of Caregiver Directed Vouchers and ‘Other Respite’. FCSP Service codes 844 (Emergency Respite In-Home) and 845 (Emergency Respite Out-of-Home) have not been utilized and are being reassigned in addition to the modified service codes below. Please note that because of the variations in how Caregiver Directed Vouchers are used, FCSP service code 844 and Project C.A.R.E. service codes 715 and 726 will now be used to report respite provided in situations where the caregiver is the employer and contracts directly with an individual. All other services must be budgeted by provider in ARMS with a unit rate. The service codes for FCSP Respite Services beginning July 1, 2012 are:

Service Code	FCSP Respite Service Name	Definition	Unit-Based Reimbursement
841	Community/Program Administration	Non-unit	No
842	In-Home Respite	1 Hour = 1 Unit	Yes
843	Community Respite (Adult Day Care / Day Health Care)	1 Day = 1 Unit	Yes
844	[New] Caregiver Directed Vouchers	1 Hour = 1 Unit	No

845	<i>Inactive – Not Currently Being Used</i>		
846	Institutional Respite	1 Hour = 1 Unit	Yes
847	[New] GRG Day Respite	1 Day = 1 Unit	Yes
848	[New] GRG Hourly Respite	1 Hour = 1 Unit	Yes
849	Other Respite	Non-unit	No

Likewise, beginning July 1, 2012 the following service code definitions are implemented for Project C.A.R.E.

Service Code	Project C.A.R.E. Respite Service Name	Definition	Unit-Based Reimbursement
712	Adult Day Services – PC State Funds	1 Day = 1 Unit	Yes
713	Group Respite – PC State Funds	1 Hour = 1 Unit	Yes
714	In-Home Respite – PC State Funds	1 Hour = 1 Unit	Yes
715	Caregiver Directed Respite – PC State Funds	1 Hour = 1 Unit	No
716	Institutional Respite – PC State Funds	1 Hour = 1 Unit	Yes

Service Code	Project C.A.R.E. Respite Service Name	Definition	Unit-Based Reimbursement
723	Adult Day Services – PC Federal Funds	1 Day = 1 Unit	Yes
724	Group Respite – PC Federal Funds	1 Hour = 1 Unit	Yes
725	In-Home Respite – PC Federal Funds	1 Hour = 1 Unit	Yes
726	Caregiver Directed Respite – PC Federal Funds	1 Hour = 1 Unit	No
727	Institutional Respite – PC Federal Funds	1 Hour = 1 Unit	Yes

All clients receiving Respite services under FCSP or Project C.A.R.E. must be registered in ARMS and units of service, by client, reported accordingly. Unit rates comprise the total cost of direct service and the administrative costs necessary to support the service. However, since these funds are not part of the HCCBG process, providers are not required to complete the DAAS 732A Cost Computation Worksheet. AAA's should continue to follow their established contractual process utilized with providers through FCSP or Project C.A.R.E. Contact Alicia Blater, FCSP Consultant or Mark Hensley, Project C.A.R.E. State Director for individual technical assistance about the most appropriate service codes to use or how to assist providers develop accurate unit rates.

For information on establishing unit based contracts in ARMS, please see Section 2.5 Provider Budgets in the Region User ARMS Manual found at http://www.ncdhhs.gov/aging/arms/manual/ARMS_Region_User.pdf or contact Annette Bagwell, ARMS Coordinator at 919-855-3446.

Respite Care Cap

Respite care, by definition, is intermittent relief from daily caregiving duties. To maximize limited funding and provide support to as many families as possible, the Division of Aging and Adult Services is implementing an annual per client cap on respite care funding. The policy presented here replaces the portion of the DAAS Administrative Letter No. 11-11 that references the use of FCSP respite funds for Project C.A.R.E. clients. This new policy seeks to aid in the seamless delivery of respite services and foster a collaborative, flexible team approach to serving family caregivers.

Beginning July 1, 2012, clients receiving FCSP respite and/or Project C.A.R.E. respite may receive **up to \$2,500** annually (fiscal year) in assistance through both programs. This cap is not applicable to any other funding through DAAS including the Home and Community Care Block Grant. Project C.A.R.E. Family

Consultants and FCSP Specialists should work together through joint monitoring on a case-by-case basis to ensure the respite care cap is not exceeded. For example, a caregiver who has exhausted their \$1,800 allocation of respite funds in Project C.A.R.E. is eligible to receive up to \$700 in additional respite support from the FCSP if the regional program has these funds available. Likewise, a FCSP client who utilizes \$700 in FCSP respite could then receive up to \$1,800 in additional respite funds from Project C.A.R.E. should the caregiver be enrolled during that same year as a Project C.A.R.E. client.

Although the respite care cap is in place as a management tool, there can be extreme circumstances which occasionally require this cap to be waived. Therefore, DAAS will consider granting waivers on a case-by-case basis for the following reasons:

1. The family situation involves Adult Protective Services (APS).
2. The healthcare needs of the caregiver require significant recovery time (surgery, acute illness or injury).
3. A family event of significance requiring overnight or out of state travel (death, sickness, marriage, graduation, birth of grandchild, etc.)
4. There are multiple care recipients with only one caregiver.
5. A “sandwich caregiver” is providing support to a young child(ren) and an older adult care recipient(s).
6. Other circumstances seen as extreme where waiving the \$2,500 cap will alleviate hardship on the family and/or the care recipient and as funding limitations allow.

Waiver requests should be submitted in writing to Alicia Blater for FCSP funds at alicia.blater@dhhs.nc.gov or Mark Hensley for Project C.A.R.E. funds at mark.hensley@dhhs.nc.gov. Waiver requests will be reviewed and a determination provided to the applicant within three working days of receipt.