



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Director, Division of Aging and Adult Services

ADMINISTRATIVE LETTER NO: 18-07

TO: Area Agencies on Aging Directors
County Directors of Social Services
Adult Day Care Coordinators
Adult Day Health Specialists
Adult Services Supervisors
Adult Program Representatives

FROM: Joyce Massey-Smith, Director

DATE: October 4, 2018

**RE: OVERNIGHT RESPITE SERVICE AS A HOME AND COMMUNITY BLOCK
GRANT SERVICE**

In 2011, a pilot study was authorized under Session Law 2011-104 by the General Assembly to develop a new service called Overnight Respite Service. This pilot allowed a maximum of four potential pilot sites. What made this service unique was that these pilot Overnight Respite Service programs would be housed and operated in the same facility as a certified adult day care or adult day health program. These Overnight Respite Service programs were approved and monitored by the Division of Health Service Regulation (DHSR).

This pilot was completed in 2014 and Session Law 2015-241 legislation was passed in FY 2016 allowing Overnight Respite Service to be a separate 24-hour licensed service under the same facility, operated from a certified adult day care or adult day health program. The new Statute is identified as General Statute 131D-6.1- Licensure of Overnight Respite Programs.

The Division of Health Service Regulation completed the required Administrative Procedure Act (APA) rule process for this service in 2017. DHSR has initiated the Overnight Respite Service licensure process and has issued licenses to two providers in the state to date. Each of the providers were participants in the pilot.

As part of Session Law 2015-241, the Division of Aging and Adult Services (DAAS) was directed to add the Overnight Respite Service to the menu of Home and Community Care Block Grant (HCCBG) funded services. The addition of the Overnight Respite Service to the current menu of HCCBG-funded services brought the total number of services from 18 to 19. No additional funds were added to the HCCBG to fund the Overnight Respite Service. If an Area Agency on Aging has an Overnight Respite Service provider operating in their region, and the HCCBG County Planning Committee determines that HCCBG funds will be used to fund Overnight Respite Service in a county, the funding will be drawn from the county's current HCCBG allocation.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The Respite Team at the Division of Aging and Adult Services has reviewed the legislation which outlined the definition of the service and has developed the service standards with respect to the policies and requirements of the HCCBG Fund and the Older Americans Act. These Standards are included with this letter.

The monitoring tool for Overnight Respite Service has also been included, although no monitoring will need to be completed by a AAA until a Region begins funding the service. The Service Code for Overnight Respite Service has been added to the ARMS system. The Service Code is 320.

Please note that the Overnight Respite Service will be provided in the same facility as a certified adult day care or adult day health program, but overnight respite is a different and separate service from adult day care or adult day health because it is a 24-hour licensed service. Overnight Respite Service is not an extension of adult day care or adult day health programs. It is hoped that this new service will provide another important option for clients and their caregivers.

If you have further questions, please contact Glenda Artis at 919-855-3412 or Glenda.Artis@dhhs.nc.gov

JMS/GA/pg

Enclosure

HCCBG Overnight Respite Policies and Procedures

I. Statement of Philosophy and Purpose:

The purpose of overnight respite is to provide 24-hour temporary relief to family members and/or other unpaid primary caregiver(s) caring for an individual with physical and/or cognitive limitations living at home. The participant receiving overnight respite services may or may not be a participant of an adult day care or adult day health program. The service allows the individual's unpaid caregiver relief from caregiving responsibilities to maximize their longevity as unpaid caregivers.

II. Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001 (Public Law 102-375, Section 301

G.S. 143B-181.1 (a)(4) (6) (9) (10) (11)

G.S. 143B-181.10

III. Definitions

Overnight respite participant: The recipient of the overnight respite services as defined under G.S. 131D-6.1

Overnight respite services are defined in G. S.131D-6.1 and shall not exceed 14 consecutive calendar days or more than 60 total calendar days per individual in a 365 day period.

IV. Definition of Service:

Overnight Respite is defined as the provision of group care and supervision in a place other than the overnight respite participant's usual abode on a 24-hour basis for a specified period of time to adults who may be physically or mentally disabled in order to provide temporary relief for the identified unpaid, primary caregiver and includes services provided by any facility certified to:

- 1) provide adult day care pursuant to G.S. 131D-6 and 10A NCAC Chapter 06, Subchapter R;
- 2) provide adult day health services pursuant to G.S. 131D-6 and 10A NCAC, Chapter 06, Subchapter S;

- 3) provide both adult day care and adult day health pursuant to G.S. 131D-6 and 10A NCAC, Chapter 06, Subchapter R and Subchapter S

- OR -

Is licensed pursuant to G.S. 131D-2.1 Adult Care Home Licensure as an adult or family care home and are licensed to provide overnight respite services according to 131D-6.1.

The provision of overnight respite services for each adult shall not exceed 14 consecutive calendar days or more than 60 total calendar days during a 365 day period. For this service, the overnight respite participant is the recipient of the overnight respite services.

IV. Eligibility:

The Overnight Respite Participant must:

- 1) be 60 years of age or older;
- 2) meet the definition of "frail" per the Older Americans Act Reauthorization of 2006; 2016. This means that the overnight respite participant is unable to perform two (2) Activities of Daily Living (ADLs) without substantial human assistance which includes verbal reminding, physical cueing or supervision, or 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 to another individual;
- 3) Have an identified primary, unpaid caregiver;

Once the Overnight Respite Participant has been determined to be eligible for Overnight Respite Services, the Overnight Respite Participants shall be served in the following priority order:

- (1) Older adults for whom the need for Adult Protective Services has been substantiated by the local department of social services and the service is needed as part of the adult protective services plan.
- (2) Older adults who are at risk of abuse, neglect, or exploitation.
- (3) Older adults with three or more impairments in ADLs, or instrumental activities of daily living (IADLs), who are at risk of institutionalization substitute care.
- (4) Older adults with three or more ADLs or IADLs impairments.
- (5) Older adults with no more than two ADLs or IADLs impairments

V. Service Provision:

Overnight Respite Services must be provided in accordance with the policies and procedures contained in the Division of Aging and Adult Services' Home and Community Care Block Grant Manual for Community Service Providers: <http://www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm>.

In addition, Overnight Respite Services must be provided in accordance with the Licensure of Overnight Respite Programs per G.S. 131D-6.1, 10A NCAC 13E.

If additional information is needed regarding Licensure of Overnight Respite Programs, please contact the Division of Health Service Regulation-Adult Care Home Licensure Section, 919-855-3765.

VI. Reporting and Reimbursement

A. DAAS-101

All providers must use the Division of Aging and Adult Services Client Registration Form (DAAS-101) to register new Overnight Respite Participants and update client data for Overnight Respite Participants. Client registration information must be entered into the Division of Aging and Adult Services' Aging Resource Management System (ARMS).

B. A unit of service is (1) overnight stay on a 24-hour basis regardless of arrival or departure time to the overnight respite facility. The service can be billed for up to 14 consecutive overnight stays and no more than 60 overnight stays in a 365 day period. **The reimbursement is based on a unit rate which is a calculated rate. The service code is 320.**

C. The overnight respite participant (care recipient) is registered as the client in ARMS. The unpaid, primary caregiver will need to be identified in Section III of the DAAS 101 Form.

D. Overnight Respite shall be reimbursed according to the number of units of service provided. For a provider to receive reimbursement, documentation of admission, documentation of eligibility criteria, and discharge of the participant must be provided. Examples of this documentation is attendance sheets, screening or intake form, DAAS 101, sign in and sign out documents, admission documents, and discharge documents.

VII. Consumer Contributions:

Overnight Respite Participants receiving Overnight Respite Services are subject to the Division of Aging and Adult Services' Consumer Contributions Policies under the Home

and Community Care Block Grant. <https://www.ncdhhs.gov/consumer-contributions-policy-and-procedures>

VIII. Confidentiality

Agencies which provide Overnight Respite Service shall ensure that all client information collected is maintained in accordance with the Division of Aging's Confidentiality Policies and Procedures as specified in the Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers

IX. HCCBG Client Rights:

1. You have the right to be fully informed of all your rights and responsibilities as a client/patient of the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you may be receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in altering the nature of the care as your needs change.
6. You have the right to voice grievances with respect to care that is provided and to expect that there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be respected and held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your property.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, charges, and costs for services.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency, and the program in particular.
14. You have the right to be fully informed about other services provided by this agency.

**NC DIVISION OF AGING AND ADULT SERVICES
AREA AGENCY ON AGING
OVERNIGHT RESPITE SERVICES ASSESSMENT TOOL**

Community Service Provider: _____ State Fiscal Year: _____

Review Date: _____

Monitor's Name/Title: _____

Provider Staff Interviewed and Title(s): _____

Current Licensure:

1. The Overnight Respite Services program holds a current licensure from the North Carolina Division of Health Service Regulation?
(Pages 2-3 of the HCCBG Overnight Respite Services Standards)

Yes No

2. Dates of Current Licensure:

From (Month & Year): To (Month & Year):

3. Type of Current Licensure:

Full Licensure

****NOTE****

The Division of Health Service Regulation oversees the Licensure of Overnight Respite Services. To meet programmatic requirements for HCCBG Overnight Respite Service, please review program license for status and answer the questions above. According to the Overnight Respite Services Licensure rules, admissions to the facility can be suspended. If you have questions about licensure or the suspension process, please contact the Adult Care Home Section of the Division of Health Service Regulation, 919-855-3765.

Area Agencies on Aging will complete unit verification for Overnight Respite Services providers. The following record review and unit verification tool on page 2 of this document is be used for verifying units reported and reimbursed.

NCDAAS CLIENT RECORD REVIEW & UNIT VERIFICATION

DATE OF ASSESSMENT:

AGENCY: MONTH AND YEAR REVIEWED:

- ▶ Reviewer should select a random sample of clients from each Site/Route/Worker Code.
- ▶ Attach to this worksheet the Units of Service Verification Report (ZGA-542) used to select the sample of client and units. Identify on this report the persons sampled and the month(s) reviewed.
- ▶ List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- ▶ Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.
- ▶ Additional Sheet Make a copy of this sheet if sample size is larger than 10.

#	CLIENT NAME	ARMS Service Code 320	DAAS 101 Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the client meet the eligibility criteria according to page 2 of the Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of stays indicated on attendance sheets	Indicate type of source documentation used to verify units	Month sampled for units	Unverified units
1			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
2			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
3			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
4			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
5			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
6			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
7			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
8			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
9			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
10			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
TOTAL UNITS NOT VERIFIED=								
Total units reported for all clients in month reviewed=								

Signature of reviewer(s) _____

Date _____

October 2018

NCDAAS CLIENT RECORD REVIEW & UNIT VERIFICATION CHECK

Additional Comments: