

## **NYSDOH Alzheimer's Disease Program**

### **Updated Respite Guidance and Protocols (November 2017)**

The purpose of this guidance and protocols is to further clarify NYSDOH Alzheimer's Disease Program (ADP) expectations related to the provision of and payment for respite as one of five required core services in your contract.

The goal of the ADP is to connect as many caregivers as possible to respite services. Respite is a needed and valuable service, but, to be clear, respite provided through this funding source is not an entitlement. Therefore, direct payment for respite services for a caregiver using the funds available through ADP funding should be considered only when other respite options through public and private sources are not available.

Care recipients who are Medicaid eligible should utilize Medicaid services except under the following situations:

- If an individual has been approved for or is receiving Medicaid but the coverage (e.g., catastrophic Medicaid or out of home respite) does not include the type of respite the care recipient needs, the individual may receive respite through the ADP program.
- If an individual has been approved for respite services under his/her Medicaid coverage but there are no Medicaid providers in the recipient's region.
- If an individual has applied for Medicaid but has not yet received an eligibility determination. Note that if this individual is found eligible for Medicaid, this eligibility will be retroactive to 90 days before the date of eligibility finding; therefore, please utilize Medicaid providers for respite whenever possible.
- If a family is in crisis, or to prevent a crisis, and is not receiving Medicaid respite.

**Note:** If an individual has been approved for Medicaid on a spend down basis, he or she should be encouraged by program staff to meet the designated spend down amount to activate receipt of full Medicaid benefits. If this individual will clearly not be able to meet the spend down for a given month, respite may be provided under this initiative.

Respite provided through the ADP is intended to offer relief to caregivers who provide care and support to individuals with Alzheimer's disease and other dementias (AD/D) by delivering a temporary reprieve from the stresses associated with caregiving. Respite is intended to strengthen the care network while protecting the health and well-being of both the caregiver and care recipient. Respite services provided under this grant will only be episodic in nature; no ongoing custodial care will be paid through this funding source.

When allocating limited respite funds to a caregiver, the contractor must use discretion, considering the level of support needed and the goal of the ADP to delay institutionalization of individuals diagnosed with AD/D. Within the scope of the parameters described above, programs have the latitude to determine an individual caregiver's appropriateness for respite and a reasonable number of hours based on a thorough assessment of each caregiver's needs. Each contractor funded under this initiative must ensure that the program is well-versed in all available respite options and resources in your geographic area.

Looking towards the sustainability of respite services, we strongly encourage programs to explore and implement models where volunteers provide respite. Your program manager can link you with programs that have successfully implemented a volunteer model.

Your program manager will contact you to discuss how this guidance may affect your current programming and whether these clarifications require adjustments to your workplan or budget.

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### Allowable Types of Respite

#### **Regional Caregiver Support Initiative:**

Acceptable respite services include:

- Volunteer respite\*
- Social Adult Day programs
- Medical Adult Day Healthcare programs
- In-home services
- Non-Medicaid Consumer Directed Respite \*\*
- Assisted living facilities (for overnight or weekend stays only)
- Nursing homes (for overnight or weekend stays only)

#### **Caregiver Support Initiative for Underserved Communities:**

Respite is intended to facilitate access to caregiver support services or to meet the needs of the caregiver receiving support services. Caregivers utilizing the respite funds may either attend support services provided by the same agency providing the funding or support services offered by another agency. Acceptable respite services include:

- Volunteer respite\*
- Social Adult Day programs
- Medical Adult Day Healthcare programs
- In-home services
- Non-Medicaid Consumer Directed Respite \*\*

### \*Volunteer Respite

Volunteer respite models are allowed and encouraged by the ADP. These services must:

- Meet program standards discussed above
- Adhere to the parameters for specific initiatives
- Follow the same tracking criteria as paid respite models

### **Volunteer Stipends**

Primary contractors can provide monetary stipends to cover expenses for volunteers or pay travel costs for volunteers; stipends or travel costs must be included in the primary contractor's approved budget and workplan. The following criteria for stipends and travel costs must be met:

- Establish a payment rate
- Establish a payment schedule for volunteers
- Implement standards for volunteers

### **Caregiver Companions and Care Support Teams**

Caregiver companions and care support teams may include respite in addition to an array of other supportive activities. For reporting purposes, outcome measures for these two services should not be captured under volunteer respite.

### \*\*Non-Medicaid Consumer Directed Respite

The Non-Medicaid Consumer Directed Respite model is an allowable type of respite for caregivers participating in the *Regional Caregiver Support Initiative* and the *Caregiver Support Initiative for Underserved Communities*. This model provides individuals with AD/D greater

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flexibility and freedom of choice in obtaining services.

Non-Medicaid Consumer Directed Respite allows individuals with AD/D (referred to as consumers) to manage their own respite through a fiscal intermediary. Those individuals with AD/D who are unable to direct their own care may appoint a designated representative to direct the services. Consumers, or their designated representatives, hire, schedule, supervise and terminate their own respite providers through this model.

Under this model, family members, or someone the consumer knows, can provide respite and be paid for their services. The respite provider must be an adult (18 years of age or older). The consumer's spouse or designated representative cannot be the respite provider under this model.

### **Consumer Responsibilities**

The individual receiving respite services, or his/her designated representative, is responsible for:

- Recruiting, hiring, training, supervising and terminating the respite provider(s)
- Arranging and coordinating services
- Verifying records
- Submitting required documentation to the primary contractor

### **Primary Contractor Responsibilities**

In addition to responsibilities outlined in *Guidelines for Respite*, the primary contractors must:

- Assure appropriate use of this respite model and service providers
- Ensure that the individual with AD/D or designated representative is available to provide necessary training for the hired respite provider
- Act as or arrange for a fiscal intermediary

## **Fiscal Responsibilities Including Voucher Guidance**

### **Primary Contractor Role**

If administering a paid respite model, money for payment of respite services must be paid directly to the respite provider, rather than to the caregiver. The service must have already occurred prior to payment and cannot be paid for in advance. The respite provider is responsible for submitting an invoice to the primary contractor. The primary contractor assumes full responsibility for ensuring that the service occurred as stated on the invoice.

Primary contractors must:

- Establish a system which authorizes caregivers to utilize services from respite providers
- Establish payment systems with respite providers
- Develop tracking systems to monitor the distribution and reimbursement of respite funds. Contractors should strive to expand this service to serve as many caregivers throughout their catchment area as possible and utilize all available respite funds.
- Follow the Required Documentation for Payment and Reporting of Respite Services
- Ensure that respite providers submit the following information on at least a quarterly basis:
  - Total number of hours of respite provided
  - Total amount of money spent on respite provision
  - Number of caregivers who received respite services
  - Required demographics for evaluation efforts
  - Receipts or invoices for all respite transactions

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### Required Documentation for Payment and Reporting of Respite Services

As of January 1, 2017, the ADP has amended its guidance on the documentation that must be submitted for the payment and reporting of respite services under the program.

Contractors are no longer required to provide itemized receipts and/or invoices for each caregiver/care recipient receiving respite services to the ADP. Instead, primary contractors must either provide an expense detail (inclusive of all invoices received) with backup documentation for expenses over \$500 or a monthly respite summary invoice from each vendor providing services. This change in required documentation is intended to facilitate a more efficient vouchering and payment process for contractors and the ADP. This process ensures that patient health information is not inadvertently shared. **Note that all receipts/invoices must be maintained internally by the primary contractor for audit purposes.**

The ADP will work with primary contractors individually to determine which option works best for their current organizational structures and their respective subcontractors. The ADP will consider any adjustments necessary to meet the contractor's needs.

Guidance on the two documentation submission options are as follows:

#### **Option 1**

##### **Expense Detail with Backup Documentation for Expenses over \$500**

The expense detail for respite services must contain a separate line for each invoice received. For each line over \$500 on the expense detail, primary contractors are required to submit de-identified, client-specific, itemized receipts and/or invoices. Each receipt or invoice must include:

1. dates of service
2. the number of hours of respite provided
3. the cost of respite
4. the type of respite
5. the name of the respite provider

**Supporting documentation provided to the ADP must not include any information that would identify caregivers or care recipients.** Instead, contractors must use client file or identification numbers on invoices that are submitted to the ADP. For example, identifying names may be replaced with numbers or another system (e.g., Caregiver A, Caregiver B). If a system cannot be established or implemented, a contractor may black out any identifying information and replace the information with client initials.

#### **Option 2**

##### **Monthly Respite Summary Invoice**

Primary contractors may opt to submit a monthly respite summary invoice, from each vendor providing services, to the ADP for payment and reporting. At a minimum, each respite summary invoice must include:

1. billing period (the billing period must be monthly)
2. the type of respite
3. the number of individuals served under each type of respite
4. the number of respite hours provided
5. the cost of respite
6. the name of the respite provider (the invoice summary must be on the respite provider's letterhead)

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< Vendor Letterhead >				
Invoice Summary- Respite Services				
Bill To:	Billing Period	Invoice Number:		
XXXXXX	11/01/2016-11/30/2016	XXXXXX		
Respite Type	# of Clients	Hrs/Units	Rate/Price	Total
Social Adult Day Program	1	4	62.00	248.00
In-Home Aid	5	14	52.00	728.00
In-Home Aid	1	2	62.00	62.00
<b>Total Charges this Period</b>				<b>1038.00</b>

Under the monthly respite summary invoice, please **do not** submit itemized receipts and/or invoices for each caregiver/care recipient receiving respite services funded through ADP. The monthly respite summary invoice is intended to replace individual receipts/invoices. The following is an example of a respite summary invoice:

### Health Information Privacy

Primary contractors and subcontractors must not use or disclose protected health information other than as permitted or required by their contract or as required by law. As such, all contractors are required to ensure that respite summary invoices provided to ADP do not include any information that would identify caregivers and care recipients, or personal information of staff providing services.

Please refer to the *Guidelines for Preparation and Submission of Claim for Payment Package (Vouchers)* for further guidance on the ADP's voucher and payment process.