# PART II – Chapter 1500

## POLICIES AND PROCEDURES
## for
## EDWP (CCSP and SOURCE)
## OUT OF HOME RESPITE SERVICES



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

DIVISION OF MEDICAID

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**PART II - POLICIES AND PROCEDURES**
**FOR**
**OUT-OF-HOME RESPITE CARE SERVICES**

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# PREFACE

## Out-of-Home Respite Care Services

Policies and procedures in this Chapter apply to all Out-of-Home Respite Care Services providers. This Chapter must be used along with the manuals listed below.

Part I - Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II - Chapters 600 – 1000 Policies and Procedures for CCSP and SOURCE General Services Manual

## PART II - CHAPTER 1500

### 1500. General

Out-of-Home Respite (RC) is a service that provides temporary relief to the caregiver(s) responsible for performing or managing the care of a functionally impaired person. Respite Care workers provide only **non-skilled** tasks and services that are normally provided by the caregiver specifically for the respite care client. Respite Care is provided in an out-of-home respite care setting approved by the EDWP CCSP/SOURCE Unit.

1500.1 Purpose of Out-of-Home Respite Care

A. To enable the caregiver to meet planned or emergency needs of the family or to take a needed rest. The active support of the caregiver may delay or prevent institutionalization of the client.

B. To provide clients with non-skilled care that may increase opportunities for socialization.

1500.2 Usages of Out-of-Home Respite Care

A. Appropriate Usage of Out-of-Home Respite Care

1. Out-of-Home Respite Care is appropriate for the individual who, due to functional limitation, cannot be safely left alone in the home and who is generally dependent upon a caregiver for personal care/or the daily maintenance of a clean, safe environment.

2. When Out-of-Home Respite Care can meet the client's needs and those of the caregiver.

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| Note: Personal Support Services and Out-of-Home Respite Care Services may be provided on the same day, if necessary. |

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| Note: If a service agreement or contract is required to be signed by the client, the agreement contract must be approved by the Division. |

| | | |
|---|---|---|
| 1500.3 | General Policies/Standards | Provider agency staff members must alert the EDWP CCSP/SOURCE care coordinator if additional services are needed.<br><br>Contributions are not to be solicited from EDWP CCSP/SOURCE clients. The EDWP CCSP/SOURCE client is only responsible for any cost share determined by the Department of Family and Children Services (DFCS).<br><br>Clients must meet EDWP CCSP/SOURCE eligibility requirements. |
| 1500.4 | Emergency Procedures/ Information | All provider staff members must be provided with orientation and written procedures for dealing with medical emergencies of EDWP CCSP/SOURCE clients. The provider agency's policy must outline how emergency personnel are contacted, the order of persons to be notified, and reports to be prepared. (Refer to Section 606.12 and Appendix V of the EDWP CCSP/SOURCE General Manual). |
| 1500.6 | Medical Supervision of the Client's Care | All Respite Care Services must be supervised by a Registered Nurse. Refer to Section 606.17 in the EDWP CCSP/SOURCE General Manual for general policies and requirements related to supervision of EDWP CCSP/SOURCE services.<br><br>Supervisory visit notes should include all required documentation reflected in Section 606.17C of the EDWP CCSP/SOURCE General Manual |

**NOTE**
**Family model personal care homes (2-6 beds) may not enroll as independent out-of-home respite care providers.**

**NOTE**
**ALS, ADH and Out-of-Home Respite Care providers are to designate an area that can be used for private and confidential interviews with the client.**

| | |
|---|---|
| 1500.7 Client Services Documentation | The RC Worker completes a Client Service Information Form at the time RC is provided. (See Appendix B of this manual for an example.)<br><br>Copies of the monthly service forms must be maintained in the provider's files as a record of the services rendered to the client.<br><br>RC tasks are based on the client's Comprehensive Care Plan and the client care plan.<br><br>The RN supervisor must complete and review progress notes regarding any interventions made on behalf of the EDWP CCSP/SOURCE client.<br><br>The RC supervisor is responsible for communicating with the client's care coordinator as appropriate. |
| 1500.8 Clinical Records | Refer to Section 606.4 of the EDWP CCSP/SOURCE General Manual |
| 1500.9 Food and Nutrition | If the client is receiving out-of-home respite care at meal times, the facility provides the client's meals and snacks. Meal costs are included in the reimbursement rate for out-of-home respite.<br><br>Meals must meet the client's medical needs in both content and preparation as outlined in the initial assessment or reassessment.<br><br>Dietary restrictions and special requirements must be followed. |
| 1500.10 Hours of Operation | The Out-of-Home Respite facility must designate in writing responsible staff on the premises 24 hours a day or during all times clients are in the facility. |

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| 1500.11 Limited Monitoring of Medications | Refer to Section 606.9 of the EDWP CCSP/SOURCE General Manual. |

**NOTE**
**The Out-of-Home Respite facility must store the client's medications under lock and key.**

1500.12 Infection Control

Written policies and procedures in infection control and aseptic and isolation techniques must be prepared by the provider agency and followed by workers. Workers must be trained in these techniques. The procedures must be reviewed annually and revised as needed for continued effectiveness. (Refer to Appendix R of the EDWP CCSP/SOURCE General Manual).

## 1501. Out-of-Home Respite Visits

| Out-of-home Overnight Respite | Out-of-Home Hourly Respite |
|---|---|
| This Respite Care requires an out-of-home stay of **twelve (12) hours or more (overnight).** A visit begins at the time the client enters an out-of-home facility for Respite Care **and ends 24 hours later**. **As for ALS Services, bill for the date of admission but not the date of discharge. Rev 7/2014** | Out-of-Home Respite is provided for a stay of from three hours to twelve hours.<br><br>**NOTE: Overnight respite and hourly respite can't be billed for the same date. Rev 7/2014** |

Out-of-Home Respite service units may be taken in sequence in order to allow the caregiver several consecutive days of relief. The care coordinator, client caregiver(s), and provider may make specific arrangements for scheduling RC visits. The care coordinator documents the Out-of-home RC arrangements in the Plan of Care.

## 1502. Activities Associated with Out-of-Home Respite Care

| Appropriate Respite Care Duties: |
|---|
| Preparing meals |
| Assisting with eating |
| Assisting with walking |
| Encouraging physical activity |
| Observing and reporting changes in client's condition |
| Reminding client to take medications |
| Assisting with self-administration of medications |

| |
|---|
| Applying first aid in case of sudden illness or accident |
| Documenting client's liquid intake/output |
| Bathing (tub, shower, or bed) |
| Providing routine skin and hair care |
| Providing general mouth care (includes dentures) |
| Grooming and shampooing hair |
| Filing nails (no clipping or cuticle cutting) |
| Assisting with dressing |
| Assisting with toileting |
| Giving client a back rub |
| Assisting with transfers in and out of bed, chair, and/or wheelchair |

## 1503. Out-of-Home Respite Care Client Conditions

The following conditions are used as a guide for determining the need for Out-of-Home Respite care:

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| Client does not have a history of unstable medical condition(s) |
| Client may be non-ambulatory |
| Client may require assistance with transfers |
| Client may require watchful supervision due to confusion or other illness, and/or may require personal care |
| The need for caregiver relief must be sufficient to warrant at least three (3) hours of RC service per visit. |
| Client may require basic assistance with range of motion but aides may not assist with exercises prescribed by a physician or physical therapist |

## 1504. Qualifications and Responsibilities of Staff

| 1504.1 **Registered Nurse Supervisor** |
|---|
| A. Qualifications:<br><br>1. Current license to practice as a registered nurse in Georgia.<br><br>2. Two years of experience in home health services or a related field preferred. Experience with older persons or aging programs is recommended.<br><br>3. Knowledge of current methods for providing personal care. Ability to supervise and coordinate the work of others, to evaluate situations and make decisions and to communicate and deal effectively with others. |
| |

**RN Supervisor** Responsibilities

B. Responsibilities:

1. Review referrals from EDWP CCSP/SOURCE care coordinator, evaluate the client's needs during initial visit and subsequent visits and identify the appropriate staff to provide the care needed.

2. Develop and revise client care plan as appropriate and review, initial and date the content at least every 2 months.

3. Supervise RC workers, review, initial and date the Client Service Form.

4. Prepare progress notes; review, initial and date progress note entries by other staff and instruct staff on progress note protocol. Provide follow up on problems identified.

5. Communicate with care coordinators, other EDWP CCSP/SOURCE providers, family and/or other caregivers.

6. Make appropriate recommendations to EDWP CCSP/SOURCE care coordinators for clients needing additional services.

7. Arrange for initial orientation and in-service training of staff.

8. Conduct face-to-face supervisory visits to reevaluate the client at least every 2 months (60 - 62 days).

1504.2 **Respite Care Worker**

A. Qualifications:

1. High school diploma preferred, but educational requirements may be waived if applicant has the ability to follow written and verbal instructions and complete reports.

2. Prefer at least one year experience in caring for elderly or disabled persons.

3. Must be flexible and tolerant of varied life styles, must be able to work under supervision and within the guidelines of a care plan; must be in good health

B. Responsibilities:

1. Provide or assist with any of the appropriate activities listed for Respite Care in Section 1502.

2. Encourage client to make decisions and to remain as independent as possible.

3. Encourage family members to be involved and responsible for care of the client.

4. Report changes in client's condition to the RN supervisor.

5. Maintain progress notes indicating changes in the client's condition, problems that hinder service delivery and additional needs of the client. See Section 606.19 of the EDWP CCSP/SOURCE General Manual for information on progress notes.

6. Complete the Client Service Form for each visit.

7. Apply information acquired through training.

## 1505. Staff Development and Training

1505.1 Orientation for All New Staff:

All staff, subcontractors and volunteers must complete orientation prior to their providing services to members. The initial orientation includes the agency's policies and procedures and an overview of the EDWP CCSP/SOURCE. (Refer to Sections 1204.2D and 1204.3 of the Alternative Living Services Manual and Section 1404.3 of the Personal Support Services Manual for training topics).

Additional topics for orientation include:

- How to give personal care
- How to assist individuals with transfers
- Observation skills
- Infection control
- Understanding basic human needs and behavior
- Documentation
- Reporting issues to the supervisor
- Basic nutrition and meal planning

All staff, subcontractors and volunteers must complete certification and/or training in CPR and basic first aid within the first sixty (60) days of employment.

| **1505. Staff Development and Training** |
|---|
| Providers are required to evaluate the training, experience and competency of new employees, subcontractors and volunteers. The provider will maintain a record of the orientation training that each employee, subcontractor and volunteer receives. |
| 1505.2 In-Service Training<br><br>In addition to the orientation for new workers, the provider is required to provide at least eight (8) hours of continuing education per calendar year for each employee, subcontractor and volunteer.<br><br>Refer to Sections 1204.2D and 1204.3 of the Alternative Living Services Manual and Section 1404.3 of the Personal Support Services Manual for training topics<br><br>**NOTE: When RC is provided in an Alternative Living Services (ALS) facility, the provider is required to provide at least 16 hours of continuing education per year. Refer to *Rules and Regulations for Personal Care Homes, Chapter 290-5-35*.** |

## 1506. Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff person. The provider maintains available evidence to demonstrate that the provider reviews, analyzes, and uses the results of program evaluations to improve the quality of services. (Refer to Section 609 of the EDWP CCSP/SOURCE General Manual).

At a minimum, program evaluation includes, but is not limited to:

A. Customer satisfaction as indicated by the measurement of:
   1. staff responsiveness to member's needs
   2. timeliness
   3. sensitivity to cultural differences
   4. staff respect for member's rights, choices, privacy, dignity, and property and protection from harm and exploitation
   5. staff attitude and courtesy
   6. staff competency in performing assigned tasks

B. Policies and procedures – The provider reviews agency policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies

and procedures are communicated to all staff.

C. Clinical records – The provider monitors and reviews clinical records to insure they contain current, required information.

## 1507. Reimbursement

Refer to the EDWP CCSP/SOURCE General Manual, Section 1000, Basis for Reimbursement, and Appendix S for rates and procedure codes.

## APPENDIX A

## PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT

Client's Name _____

Provider's Name _____

I authorize the above-named service provider to obtain emergency medical treatment that I might require while provider staff is rendering services. In authorizing such treatment I agree to pay all costs related to the medical care, including the cost associated with emergency transportation. I understand that in case of emergency the persons I designated as "Emergency Contacts" will be notified immediately.

_____ _____

Client's Signature Date

_____ _____

Authorized Representative's Signature (where applicable) Date

COMMUNITY CARE SERVICES PROGRAM
GEORGIA DEPARTMENT OF HUMAN SERVICES

OUT-OF-HOME RESPITE CARE
# CLIENT SERVICE RECORD

Provider: _____

Client Name: _____ Month/Year: _____

Medicaid #: _____ _____

| Registered Nurse | | Services Provided by Respite Care Worker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RC Worker's Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Services Needed | Frequency | Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Dressing/Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shaving | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oral Hygiene | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance with Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exercising | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Diet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regular Diet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakfast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snack(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrival Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departure Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Service Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RN Signature: _____ Date: _____