



# Consumer-Directed Lifespan Respite Guide & Protocols

Reporting periods:

- Sept - February
- March - August



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## CDR Implementation Plan (submit to [lynn.fyanes@aging.idaho.gov](mailto:lynn.fyanes@aging.idaho.gov))

Each AAA will be required to complete an implementation plan taking into consideration the outcome from BSU Center on Study of Aging focus group and strength, weakness, opportunity, threats (SWOT) conversations with community partners. This is to help identify strategies that will promote the use of consumer-directed respite across the lifespan.

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### Name of AAA submitting form:

Please explain how you will fulfill each function for Lifespan Consumer-directed program implementation:

1. Implement outreach plan to caregivers across the PSA: conduct targeted activities across the PSA so caregivers learn about AAA and community caregiver services, including respite, and know to contact the AAA to learn more (i.e. group presentations, talk to rural agencies, employers). Create a plan to evaluate and improve activities.

**Outcome: Caregivers across the public service area (PSA) contact the AAA to inquire about respite.**

2. Develop a referral network: a network of individuals and agencies across the PSA who engage with caregivers, learn about the CDR program, and make referrals (i.e. home health agencies, rural nurses, church groups, employers). Create a plan for recruiting referral network partners.

**Outcome: Individuals and agencies across the PSA refer caregivers to the AAA for respite.**

3. Develop process to counsel caregivers about creating respite options (i.e options counseling). If caregiver is able to manage the CDR program, implement an educational training process and enroll the caregiver. Evaluate caregiver's experience with CDR (BSU pre-post survey). Utilize manual, processes and forms developed by AAA III or modify forms with approval of ICOA. Send any modification requests to: Family Caregiver Support Program Specialist at Idaho Commission on Aging [lynn.fyanes@aging.idaho.gov](mailto:lynn.fyanes@aging.idaho.gov)

**Example of outcome: Caregivers are able to maintain their own health while providing care to another.**

4. Develop process to counsel caregivers about other community and AAA supports and address evolving needs. Evaluate process and make improvements.

**Outcome: Caregivers make arrangements for other supports when needed.**

5. Develop process to monitor/track caregiver use of CDR voucher funds, units of service, balances, case closures, renewal, communication with caregiver, etc. Develop process to evaluate the ease with which the caregiver and AAA manage the program. The ICOA is working to make changes to Get Care to streamline tracking and reporting. Utilize AAA III processes or modify with approval of ICOA. Send modifications to: Family Caregiver Support Program Specialist at Idaho Commission on Aging: [lynn.fyanes@aging.idaho.gov](mailto:lynn.fyanes@aging.idaho.gov)

**Outcome: Caregiver and AAA staff find the CDR program easy to manage.**

6. In coordination with ICOA, develop process to track and report expenditures to ICOA for reimbursement and service reporting (i.e Information services [outreach]; number enrolled; I&A).

**Outcome: ICOA and AAAs are satisfied with reporting process.**

7. Timeline: Describe your timeline for implementation of CDR in your PSA? (not to exceed one year from initiation of program development).

## CONSUMER-DIRECTED LIFESPAN RESPITE CHECKLIST

### Enrollment

- ✓ Caregiver and Care Recipient Respite Application
- ✓ Caregiver Assessment
- ✓ 3-month BSU post survey

### Other documents included in SW Lifespan Respite Manual

- ✓ Caregiver tracking form (pg 8)
- ✓ Example of Respite Provider Agreement (pg 25)
- ✓ W9 for caregiver respite provider
- ✓ Reimbursement Schedule (pg 10)
- ✓ Timesheet: Submit to and Mailing address information (pg 11)

### Reporting/Tracking Information

- ✓ Track (expenditures) units for:
  - Information services (outreach)
  - # of participants enrolled in CDR Respite
  - I&A or Options Counseling units
  - Total number of respite hours for reporting period

## SEMI-ANNUAL REPORTING: (SEPT - FEB) AND (MARCH - AUGUST)

A. Number of participants enrolled in CDR Respite:

B. Units tracked for Information services (Outreach):

C. Units tracked for I&A or Options Counseling:

D. Total number of respite hours for reporting period:

1. What did you accomplish during this reporting period (Sept - Feb) or (March - August) and how did these accomplishments help you reach your stated project goal(s) and objective(s)? Please note any significant project partners and their role in project activities.

2. What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges?

3. How have the activities conducted during this period helped you to achieve the measurable outcomes identified in your implementation plan?

4. Include any products produced during this reporting period and briefly explain how you used them? (Products may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources).

Also, be sure to include respite demographics reporting form (include link):

Reporting Period: 01/00/00 to 01/00/00 Instructions: In the shaded spaces below, enter the number of individuals who received respite through vouchers, direct payments, or other provisions facilitated by the Lifespan Respite grantees. Note the distinctions between caregivers and care recipients.			
Name of reporting organization: <input type="text"/>			
<b>Care Recipients</b>	Care Recipients, Total Unduplicated Count <input type="text"/>	Care Recipients' Age	Care Recipients' Military Status
	Special Need of Care Recipients	Under 18 <input type="text"/>	Served in military (active or retired) <input type="text"/>
	Cognitive impairment and/or Dementia	18-24 <input type="text"/>	Has not served in military <input type="text"/>
	Intellectual/Developmental Disabilities (IDD)	25-39 <input type="text"/>	Military status missing <input type="text"/>
	Mental Illness(MI) and/or Substance Use Disorder	40-64 <input type="text"/>	
	Physical Disabilities	Over 65 <input type="text"/>	
	Describe others: <input type="text"/>	Age missing <input type="text"/>	
	Special need missing <input type="text"/>		
			Care Recipients' Gender
			Female <input type="text"/>
		Male <input type="text"/>	
		Other <input type="text"/>	
		Gender Missing <input type="text"/>	
		Care Recipients' Race	
		American Indian or Alaska Native <input type="text"/>	
		Asian or Asian American <input type="text"/>	
		Black or African American <input type="text"/>	
		Native Hawaiian or other Pacific Islander <input type="text"/>	
		White <input type="text"/>	
		Race missing <input type="text"/>	
		Care Recipients' Ethnicity	
		Hispanic or Latino <input type="text"/>	
		Not Hispanic or Latino <input type="text"/>	
		Ethnicity missing <input type="text"/>	
<b>Family Caregivers</b>	Caregivers, Total Unduplicated Count <input type="text"/>	Caregivers' Age	Caregivers' Military Status
	Caregivers' Relationship to Care Recipient	Under 18 <input type="text"/>	Served in military (active or retired) <input type="text"/>
	Parent	18-24 <input type="text"/>	Has not served in military <input type="text"/>
	Spouse or partner	25-39 <input type="text"/>	Military status missing <input type="text"/>
	Child	40-64 <input type="text"/>	
	Court appointed legal Guardian	Over 65 <input type="text"/>	
	Siblings	Age missing <input type="text"/>	
	Grandparent		
	Other		
	Describe others: <input type="text"/>		Caregivers' Gender
Relationship missing <input type="text"/>		Female <input type="text"/>	
		Male <input type="text"/>	
		Other <input type="text"/>	
		Gender missing <input type="text"/>	
		Caregivers' Race	
		American Indian or Alaska Native <input type="text"/>	
		Asian or Asian American <input type="text"/>	
		Black or African American <input type="text"/>	
		Native Hawaiian or other Pacific Islander <input type="text"/>	
		White <input type="text"/>	
		Race missing <input type="text"/>	
		Care Recipients' Ethnicity	
		Hispanic or Latino <input type="text"/>	
		Not Hispanic or Latino <input type="text"/>	
		Ethnicity missing <input type="text"/>	
<b>Training/Workshop/classes provided by contractor or partner on their behalf.</b> * Training must be related to respite (Powerful Tools for Caregivers allowable). * Training may have been held in partnership with others. * Counts of attendees may be duplicated. (An attendee might attend multiple events.) * A keynote presentation at a conference would not count as a training. A workshop on a topic related to respite, such as, "how to choose a respite provider", or "identifying funding sources for respite" or ongoing classes would count as trainings.		Number of remote (web-based or conference call) trainings, classes or workshops: <input type="text"/>	Attendee count at face-to-face or remote trainings, classes, or workshops:
		Number of face-to-face trainings, classes or workshops: <input type="text"/>	Caregivers <input type="text"/> Providers <input type="text"/> Volunteers <input type="text"/> Other stakeholders <input type="text"/> Role of attendees missing <input type="text"/>

### 3-MONTH CLIENT SURVEY (BSU CENTER ON STUDY OF AGING)

Once completed scan and send to [Lynn.Fyanes@aging.idaho.gov](mailto:Lynn.Fyanes@aging.idaho.gov) for BSU Center on Study of Aging evaluation.

Idaho Lifespan Consumer-directed Respite (CDR) Program

Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of care recipients: \_\_\_\_\_ Primary diagnosis: \_\_\_\_\_ Age of Caregiver: \_\_\_\_\_

Hello! We want to know how you are doing and how consumer-directed respite (CDR) is making a difference in your life. We will use the information you provide to improve the program.

Please take few minutes to complete this survey. Your participation is voluntary and confidential and you may skip any question(s) you do not feel comfortable answering. Results will be summarized so no individual responses will be identified.

If you have questions about the survey, contact Sarah Torvis Director, Study of Aging, 2910 University Drive, Boise ID 83725-2835, 208-426-2452. Thank You!

Before I had access to consumer-directed respite, I was able to...					Now, after I had access to consumer-directed respite, I am able to...				
Please place an "X" in the box that best represents your opinion to the following statements:					Please place an "X" in the box that best represents your opinion to the following statements:				
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

Idaho Lifespan Consumer-directed Respite (CDR) Program

How easy has it been to manage consumer-directed respite (submitting paperwork, tracking hours, etc.)?

\_\_\_ very easy  
\_\_\_ easy  
\_\_\_ somewhat difficult  
\_\_\_ very difficult

Do you think the care recipient is benefiting from having access to consumer-directed respite?

\_\_\_ yes, a great deal  
\_\_\_ yes, somewhat  
\_\_\_ not sure  
\_\_\_ no

What additional training or skills would you like the person providing respite care to have (communication/listening skills, toileting skills, lifting, medication management, etc.)

If you could change one thing about consumer-directed respite it would be...

Would you recommend consumer-directed respite to someone else? Why or why not?

Other Comments: \_\_\_\_\_

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### FREQUENTLY ASKED QUESTIONS

What are the conditions of eligibility for consumer directed respite (CDR) developed under the pilot:

- Care receiver requires 24-hour supervision which can be provided by a caregiver who lives with the care-receiver or who visits the care-receiver frequently throughout the day to provide supervision. **Example:** caregiver lives in another house nearby and visits and calls or monitors via tech to provide supervision and services several times per day. Sometimes the caregiver stays overnight.
- Consumer directed services are for the **primary unpaid caregiver**. Certified family home providers are not eligible, for instance.
- Under the pilot project all caregivers who meet the criteria above are **eligible no matter their age and no matter the age**

**of the care receiver.** This is because the pilot is partially funded by the Lifespan Respite grant.

- When a AAA funds the CDR program with Title III E funds then the following caregivers who care for someone who requires 24-hour supervision are eligible:
  - an adult caregiver of an individual 60 years of age or older;
  - a grandparent, step grandparent, or relative by blood, marriage, or adoption, aged 55 years or older, who is caring for a child who is not more than 18 years of age;
  - a grandparent, step grandparent, or relative by blood, marriage, or adoption, aged 55 years or older, who is caring for an individual with a disability; provided, however, that priority shall be given to caregivers of individuals with severe disabilities; and
  - an adult caregiver of any age who is caring for an individual of any age with Alzheimer's disease or related disorder with neurological and organic brain dysfunction; provided, however, that priority shall be given to caregivers of such individuals who are aged 60 years of age or older.
  
- Can the caregiver receive respite from the traditional and CDR program? It depends. The purpose of the CDR program is to give caregivers who have no access to respite a method for creating respite through CDR. That said what if the caregiver cares for an adult and a child with special needs. It may work best to provide traditional respite to the caregiver for the adult and CDR respite to the caregiver for the child (ask AAA director or Lynn Fyans, ICOA program specialist, for guidance, if needed).
  
- How many hours per week does the CDR Coordinator work under the pilot? Julie works 32 hours a week. Julie has a work cell phone that she uses in the field. She is not on call. Caregivers are asked to call during regular business hours.



- How long is a typical initial home visit? An hour.
- What are the paperwork requirements for the program? The caregiver manual outlines the paperwork established by the AAA III that occurs between the caregiver and the AAA. Until the bookkeeping and client tracking requirements are integrated with Get Care each AAA will need to develop bookkeeping and tracking processes. After determining eligibility, below is a list of paperwork requirements:

### **Enrollment**

- Caregiver and Care Recipient Respite Application
- Caregiver Assessment
- 3-month BSU survey

### **Other documentation in the SW Lifespan Respite Manual**

- Caregiver tracking form (for caregiver to use)
- Example of Respite Provider Agreement
- W9 for Caregiver respite provider
- Reimbursement Schedule
- Timesheet with Submit to and Mailing address information

### **Reporting/Tracking**

- Track (expenditures) units for:
  - Information services (outreach)
  - # of participants enrolled in CDR Respite
  - I&A or Options Counseling units
  - Total number of respite hours for reporting periods: (Sept - Feb) and (March - August)
- 3-month check-in with client and conduct BSU pre-post survey:
  - Scan surveys to [Lynn.Fyanes@aging.idaho.gov](mailto:Lynn.Fyanes@aging.idaho.gov) for BSU evaluation

- How will requirements be different between the pilot and III E funded CDR? If the AAA receives funding from a Lifespan Respite Grant the contract will include a scope of work with specific requirements for tracking and reporting. At minimum there are two required 6-month reports in which specific items need to be reported (see semi-annual reporting above).
- Can the respite provider be the spouse to the primary caregiver? AAA III allows family members in the home to be hired as the respite provider. Most respite programs in other states do not allow other family members in the home to be employed as the respite provider. This is because when the respite provider gives the primary caregiver a break, the hope is that all caregivers in home get a break.
- Can primary caregiver get paid to be a caregiver? No, this is a respite (short break for caregiver) program.
- Kinicare: if you have 5 kids what do you do? Under III E and Lifespan Respite Programs you can serve kinship families. If more than one child qualifies as a child with special needs AAA III doubles the voucher amount for that caregiver (\$1200/6 months) to provide for the various children who need special attention. The caregiver may need to hire more than one respite provider to care for the children to get a break.
- Is the ability to manage the program a criteria for the caregiver? Yes, the caregiver must be able to recruit, train, and manage a respite provider as well as complete the program paperwork. The caregiver defines respite for self (i.e. read to care-recipient, assist with eating dinner and get care-recipient to bed).

- There are many questions about the caregiver employer and employee tax paperwork and reporting responsibility? AAA III reimburses the caregiver to limit AAA liability. Julie knows what tax forms are required of the caregiver/employer and trains the caregiver to use the forms (W-9). The caregiver is the employer, and the respite provider (employee) is responsible for reporting their income.
- Is CDR tracking, financials, etc. in Get Care? Not yet. ICOA is working on a contract with RTZ (Get Care) for this effort.
- AAA IV reported that they have thirteen agency contracts that cover most of their Planning and Service Area. They wondered if dedicating resources to develop consumer directed respite was needed. They realized they needed to thoughtfully refine their definitions who will access each program. AAA III uses the criteria that if a caregiver has no other resource then she/he/they are eligible.
- Who conducts data entry into Get Care? Each AAA needs to determine this. Julie does data entry when she has time and I&A fills in when enrollments are high.
- What if your agency can only reimburse caregivers once a month? AAA III can reimburse more often because they enroll some caregivers who cannot afford to pay the respite provider until reimbursed. Each AAA will need to decide how to schedule reimbursement.
- Can assessments be used across programs? For instance, if the I&A assessment is completed, can it be used for the respite program? The CDR program serves caregivers. The caregiver's needs should be assessed to assist the caregiver to

be aware of their own needs. This may be the first time that anyone has ever asked them about their needs. The caregiver is the employer and she/he/they will recruit, train, and manage the respite provider.

There are several elements of the CDR program that need to be uniform statewide. They include:

- Eligibility (IIIIE and grant funded, when available)
- Caregiver as client reporting for ICOA reporting requirements
- Caregiver assessment: helps caregiver understand their needs and may assist them in planning for their break and training a respite provider
- Program evaluation (uniform evaluation with caregiver will provide statewide data for application for grants, funding requests for legislature, annual report, etc).
- Major functions of the program (see the Implementation Planning document)
- CDR Coordinator general job duties:
  - Create caregiver recruitment network (gatekeepers) across PSA
  - Create program manuals, conduct outreach and public education
  - Educate and enroll caregivers
  - Monitor caregiver program participation and ongoing needs
  - Implement caregiver program evaluation, maintain results, and make program improvements
- Reimbursement rates (\$600/6 month)