

**TABLE OF CONTENTS**

**Connecticut Statewide Respite Care Program**

Scope . . . . . 17b-349e-1

Purposes. . . . . 17b-349e-2

Definitions. . . . . 17b-349e-3

Organization and administration of program. . . . . 17b-349e-4

Application process . . . . . 17b-349e-5

Eligibility . . . . . 17b-349e-6

Sponsor agency requirements. . . . . 17b-349e-7

Provider qualifications and requirements . . . . . 17b-349e-8

Service, payment and cost limitations; fees . . . . . 17b-349e-9



## **Connecticut Statewide Respite Care Program**

### **Sec. 17b-349e-1. Scope**

(a) Sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies, describe administration, eligibility criteria, provider qualifications, service parameters and funding guidelines for the Connecticut Statewide Respite Care Program. Sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies apply to all activities and persons participating in the Connecticut Statewide Respite Care Program, including, but not limited to, applicants, eligible individuals, caregivers, sponsor agencies and providers.

(b) Pursuant to section 17b-349e of the Connecticut General Statutes, the Connecticut Statewide Respite Care Program is limited to the provision of and payment for respite care for individuals with Alzheimer's disease or related disorders as described in sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies.

(Adopted effective March 11, 1999; amended July 2, 2012)

### **Sec. 17b-349e-2. Purposes**

The purpose of the Connecticut Statewide Respite Care Program is to provide, within available appropriations, the following:

(1) Respite care services for individuals with Alzheimer's disease residing in the community in order to relieve some of the stress experienced by caregivers caused by the responsibility of daily caregiving;

(2) Supportive services to relieve caregivers in order to prevent premature institutionalization of an individual with Alzheimer's disease; and

(3) New services, or expand available services, for eligible individuals with Alzheimer's disease residing in the community.

(Adopted effective March 11, 1999; amended July 2, 2012)

### **Sec. 17b-349e-3. Definitions**

For the purposes of sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply:

(1) "Adult day health services" means a program, of either a medical or social model, designed to meet the needs of cognitively or physically impaired adults through a structured, comprehensive program that provides a variety of health, social and related support services, in a protective setting, during any part of a day;

(2) "Campership" means a day or overnight accredited camp program for functionally impaired adults;

(3) "Caregiver" has the same meaning as "caretaker" as provided in section 17b-349e of the Connecticut General Statutes;

(4) "Commissioner" means the Commissioner of Social Services;

(5) "Companion service" or "sitter service" means a non-medical, basic protection and supervision service provided to an eligible individual in the eligible individual's home on a short-term basis;

(6) "Copayment" means "copayment" as defined in section 17b-349e of the Connecticut General Statutes;

(7) "Department" means the Department of Social Services;

(8) "Division" means the department's division of aging services;

(9) "Eligible individual" means an applicant who meets the eligibility criteria as set forth in section 17b-349e-6 of the Regulations of Connecticut State Agencies;

(10) “Homemaker services” means household tasks and activities provided to an eligible individual in the eligible individual’s home by a homemaker, including, but not limited to, cooking, cleaning, laundry, mending and other light household chores;

(11) “Home health aide services” means services that include personal hands-on care, household tasks and similar activities provided to an eligible individual in the eligible individual’s home by a home health agency;

(12) “Income” means any payment from any source and of any kind including, but not limited to, Social Security (minus Medicare Part B premiums), Supplemental Security, Railroad Retirement income, pensions, wages, interest, dividends, net rental income, veteran’s benefits or any other payments received on a one-time or recurring basis;

(13) “Individual with Alzheimer’s disease” has the same meaning as provided in section 17b-349e of the Connecticut General Statutes;

(14) “Liquid assets” means any checking accounts, savings accounts, individual retirement accounts, certificates of deposits, stocks or bonds, that can be converted into cash within twenty working days;

(15) “Personal emergency response system” means a twenty-four hour electronic alarm system which enables a high risk individual to secure help in a medical, physical, emotional or environmental emergency;

(16) “Personal care assistant services” means physical assistance to enable the eligible individual to carry out activities of daily living and instrumental activities of daily living. These services are provided by a person who is employed by the eligible individual or the eligible individual’s representative to assist the eligible individual in carrying out the tasks required in the service plan;

(17) “Private duty nursing” means hourly services delivered by licensed nursing personnel in the eligible individual’s home;

(18) “Program” means the Connecticut Statewide Respite Care Program;

(19) “Provider” means a person, public agency, private non-profit agency or proprietary agency that is licensed, certified or otherwise approved by the commissioner to supply any service, or combination of services, described under “respite care services” as defined in this section;

(20) “Representative” means a person designated by an eligible individual or the probate court to act on the eligible individual’s behalf. A representative may include a family member, an attorney, a guardian, a conservator or a person designated by the eligible individual to act as the eligible individual’s representative;

(21) “Residential health care facility” means a facility that, on a short-term basis, provides food, shelter, supervised health care and related services to four or more persons, eighteen years of age or older, who are unrelated to the owner or administrator;

(22) “Respite care services” means support services that provide short-term relief from the demands of ongoing care for an individual with Alzheimer’s disease provided hourly, daily, overnight or on weekends including, but not limited to, companion or sitter services, home health aide services, homemaker services, personal care assistant services, adult day health services, short-term inpatient care in a licensed nursing facility, residential health care facility, overnight campership program, private duty nursing, transportation and the personal emergency response system;

(23) “Service plan” means a written document agreed upon by the eligible individual, the caregiver and the sponsor agency that specifies the type, frequency

and duration of services to be provided. The service plan shall take into account other services available to the eligible individual and the eligible individual's caregiver;

(24) "Sponsor agency" means the organization that contracts with the department to administer the regional program, determine eligibility and arrange for services for eligible individuals; and

(25) "Relative" means spouse, natural parent, child, sibling, adoptive child, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, grandparent, grandchild, aunt, uncle, niece or nephew.

(Adopted effective March 11, 1999; amended July 10, 2000, July 2, 2012)

#### **Sec. 17b-349e-4. Organization and administration of program**

(a) The division shall oversee and regularly monitor the administration of the program as follows:

(1) The division shall ensure that the first five hundred thousand dollars (\$500,000) of funds appropriated is distributed in equal shares among Connecticut's five regional Area Agencies on Aging as sponsor agencies administering the program. The division may allocate appropriations exceeding five hundred thousand dollars (\$500,000) to sponsor agencies based upon the demonstrated level of need for services in a particular region, and may transfer funds between regions based upon the demonstrated level of need in a particular region. A percentage of each allocation to the sponsor agencies shall be designated to cover the cost of administering the program.

(2) The division shall regularly monitor the administration of the program to ensure, verify and determine the effectiveness and quality of the program.

(b) Sponsor agencies statewide shall administer the program at a regional level as follows:

(1) Sponsor agencies shall process program applications for eligibility, establish service plans and contract for services when applicable, for eligible individuals within their designated regions.

(2) Sponsor agencies shall monitor client satisfaction and compile and submit reports to the division as required.

(Adopted effective March 11, 1999; amended July 10, 2000, July 2, 2012)

#### **Sec. 17b-349e-5. Application process**

(a) The application process includes all activity related to a request for a determination of eligibility under the program. The process begins with the receipt of an application by a sponsor agency and continues in effect until there is an official disposition of the eligibility request from that sponsor agency.

(b) The sponsor agency servicing the city or town in which the applicant resides shall perform appropriate assessments and make a written determination of eligibility within thirty days after the receipt of an application.

(c) When the applicant is incompetent or incapable of filing an application on the applicant's own behalf, the sponsor agency shall recognize any representative as defined in section 17b-349e-3 of the Regulations of Connecticut State Agencies for the purpose of initiating such application.

(d) Each sponsor agency has the responsibility to explain to the applicant or the applicant's representative the purposes and eligibility requirements of the program and the applicant's rights and responsibilities. Each sponsor agency shall accept and process applications and maintain files that shall include applications and documents supporting each application.

(e) The applicant or the applicant's representative is responsible for completing the application forms truthfully, legibly and accurately. The applicant or the applicant's representative shall provide the sponsor agency with documentation required to support statements made on the application.

(f) Each applicant or eligible individual shall notify the sponsor agency whenever a change in his or her circumstances relating to income, assets or address occurs.

(Adopted effective March 11, 1999; amended July 2, 2012)

### **Sec. 17b-349e-6. Eligibility**

(a) An eligible individual shall be any person diagnosed with Alzheimer's or related diseases. An eligible individual who has been given a generic diagnosis of dementia shall have had a sufficient medical evaluation to rule out unrelated conditions such as depression, traumatic brain injury, alcoholism or drug interactions. An eligible individual shall have a physician with whom the sponsor agency may contact regarding the eligible individual. The physician shall certify that the eligible individual has completed an appropriate medical examination showing a diagnosis of irreversible and deteriorating dementia of the Alzheimer's type.

(b) An eligible individual shall be a resident of the state of Connecticut, be residing in a home in the community and be at risk of long-term institutional placement if the eligible individual's regular caregiver cannot continue in that role.

(c) An eligible individual shall not have an annual income or liquid assets that exceed the amounts designated in section 17b-349e of the Connecticut General Statutes. On July 1, 2009, and annually thereafter, the department shall recalculate the income and asset limitations over that of the previous year to account for the annual cost of living adjustment in Social Security income, if any.

(d) An individual receiving services through the Connecticut Homecare Program for Elders shall not be eligible for services under the Connecticut Statewide Respite Care Program.

(Adopted effective March 11, 1999; amended July 2, 2012)

### **Sec. 17b-349e-7. Sponsor agency requirements**

(a) Each sponsor agency shall contract annually with the department to administer the regional program. Each sponsor agency shall determine the maximum number of eligible individuals to be served in its respective region based on the financial allocation made by the department. The sponsor agency shall not admit or serve more eligible individuals than can be afforded within available appropriations.

(b) Each sponsor agency shall determine the eligibility of all applicants for services under the program, additional sources of payment for such services and assess and collect all co-payments through retrospective billing.

(c) Each sponsor agency shall develop, as necessary, a service plan for each eligible individual to be served under the program, pay providers as required, provide statistical and financial reports as required by the department, and comply with sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies.

(Adopted effective March 11, 1999; amended July 2, 2012)

### **Sec. 17b-349e-8. Provider qualifications and requirements**

(a) Providers shall enter into contracts with sponsor agencies for the delivery of respite care services to individual clients under the program, and shall be accountable to each contracting sponsor agency as well as to individual clients or each individual's representative for the provision of those services.

(b) Providers shall have demonstrated prior experience and training in delivering services to individuals with Alzheimer's disease and agree to provide services at the rates set by the department.

(c) Providers who have received accreditation by the Joint Commission on the Accreditation of Healthcare Organizations, when available, shall receive preference in contracting for services.

(d) Providers shall meet the requirements of provider participation of the specified services as established for the Connecticut Home Care Program for Elders, pursuant to section 17b-342-2 of the Regulations of Connecticut State Agencies to the extent that such requirements do not conflict with sections 17b-349e-1 to 17b-349e-9, inclusive, of the Regulations of Connecticut State Agencies.

(e) A provider under the Connecticut Statewide Respite Care Program shall not be a spouse or conservator of the person receiving the services. A relative of the conservator of the eligible individual receiving the services may be a provider with prior approval of the department.

(Adopted effective March 11, 1999; amended July 10, 2000, July 2, 2012)

### **Sec. 17b-349e-9. Service, payment and cost limitations; fees**

(a) The department shall determine provider reimbursement and payment levels for the respite care services to be provided under the program. Reimbursement levels for services provided under the program shall not exceed the levels established under the Connecticut Home Care Program for Elders for similar services.

(b) An eligible individual may not receive more than three thousand five hundred dollars (\$3,500) for respite care services or receive more than thirty days of out-of-home respite care services, other than adult day care, under the program in any fiscal year. An eligible individual may receive additional respite services not to exceed seven thousand five hundred dollars (\$7,500) if the eligible individual has demonstrated to the sponsor agency a need for additional respite care services. A sponsor agency may consider various factors to determine if an eligible individual needs additional respite care services including, but not limited to, whether:

- (1) The primary caregiver is experiencing a physical or mental impairment;
- (2) the caregiver is not receiving any other respite services;
- (3) the client is physically or emotionally abusive to the primary caregiver;
- (4) the client is at risk for neglect or abuse; or
- (5) the burden of care is significant.

(c) Service levels are subject to the limits of the funding allocations to an eligible individual's sponsor agency. In the event that it appears that all requests for services cannot be accommodated within funding allocations, then approval for services under the program may be limited. Priority for the receipt of services shall be determined by the sponsor agency on a case by case basis, giving primary consideration to the following factors:

- (1) The eligible individual is not currently receiving any other respite care;
- (2) the caregiver is experiencing physical or mental impairments and has primary responsibility for caring for the eligible individual;
- (3) the eligible individual has been combative, non-compliant or physically or mentally abusive to the caregiver;
- (4) respite care services are being requested for a specific event or commitment rather than for ongoing, periodic services; or
- (5) the eligible individual lives alone.

(d) If an eligible individual's respite care service costs are covered in whole or in part by another state or federal government program or insurance contract, the

government program or insurance carrier shall be the primary payer and the Connecticut Statewide Respite Care Program shall be the secondary payer.

(e) An eligible individual shall pay a copayment of twenty per cent of the cost of all respite care services to the sponsor agency as required, unless granted a reduction or a waiver of the copayment in accordance with subsection (f) of this section. The copayment shall be applied to the cost of program services.

(f) The sponsor agency may grant a reduction or waiver of the copayment to an eligible individual based upon demonstration of financial hardship by the applicant as determined by the sponsor agency.

(Adopted effective March 11, 1999; amended July 10, 2000, July 2, 2012)