GROUP RESPITE

I. Statement of Philosophy and Purpose
Group respite programs are intended to provide temporary relief to family members and other primary caregivers caring for an individual with physical and/or cognitive limitations living at home. Participation in group respite can provide access for caregivers to supportive services in the community. Group respite provides opportunities for care recipients to engage in a short-term program of meaningful social and recreational activities in a secure and supportive setting in order to maximize their cognitive and social abilities. Group respite offers sponsoring organizations the opportunity to provide to the community a part-time program which utilizes professional management and trained volunteers to relieve caregivers while enhancing the quality of lives of care recipients. Group respite provides a low cost enhancement to the provision of care for people with mild to moderate cognitive or physical impairment(s) and their families. Community-based agencies, health centers, faith based organizations (i.e., churches, synagogues, mosques, etc.) and other community agencies may be involved in the provision of group respite services. Group respite programs are required to meet the following minimum standards to receive funding through the Home and Community Care Block Grant administered by the Division of Aging and Adult Services.

II. Legal Base
Older Americans Act of 1965 as Amended: 42 U.S.C. 3001 {Public Law 102-375, Section 301 (A)(B)(C)(D)}
G.S. 143B-181.1 (4) (6) (9)
G.S. 143.B-181.(a)(10)
G.S. 143.B-181 (a) (11)
G.S. 143B-181.10 (14)(C)

III. Group Respite is Distinct from Adult Day Care in North Carolina
In North Carolina, the major differences between group respite service and adult day care/day health service include the following:

**Group Respite**
1. Primary goals are to provide dependable, scheduled, short-term relief for the caregiver, supervision and socialization for the participant, and possible resource information for the family.

2. The group respite program is required to operate a minimum of three (3) continuous hours per day, but no more than six (6) continuous hours per day for no more than four (4) days per week.

3. Does not require certification as an adult day care if participants are not receiving personal care from staff (paid and volunteer) such as assistance with toileting
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(incontinence care) or eating while participants are in attendance at the group respite program and is operating less than the required minimum days per week and hours per day for Adult Day Care Certification.

4. May be more affordable for a community or local organization to develop and provide than adult day care.

**Adult Day Care**

1. As defined in North Carolina General Statute 131D-6, adult day care is “the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled.” Adult Day Health is an extension of adult day care services which offers health care services to adults under the supervision of nursing staff.

2. Adult day care and day health provides an organized program of services during the day in a community group setting for the purpose of supporting the adults’ personal independence and promoting their social, physical, and emotional well-being.

3. Adult day care and day health programs are required to operate for a minimum of six (6) hours each day, for a minimum of five (5) days a week. Programs are required to have a full-time program director and the programs are required to be self-contained with their own staff and separate areas.

**IV. Group Respite Service Definition, Group Respite Participant Definition and Group Respite Service Operational Days and Hours**

**Group Respite Service Definition**

Group respite is the provision of temporary relief for caregivers. A caregiver is an unpaid person who assists a care recipient. The service is provided through a carefully designed, affordable program that utilizes existing community resources and strengths. It is a safe setting where caregivers can take their care recipients who do not require personal (hands-on) care while in attendance at the Group Respite program. It offers participants (care recipients) opportunities for socialization and a variety of activities. Group respite programs can also be information resources for caregivers, care recipients and the community. Group respite services are sometimes called “Caregiver’s Day Out.”

**Group Respite Participant Definition**

A care recipient is an individual who has a caregiver, is in need of assistance (no hands-on/personal care while in attendance at the group respite program) and/or supervision with self-care, and is referred to as the participant attending the group respite program. The participant is required to be age 60 or over.

**Group Respite Service Operational Days and Hours**

Group respite programs operate on a scheduled basis. The program is required to operate
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a minimum of one day a week for at least three (3) continuous hours. The program may be open for up to six (6) continuous hours a day but may not operate more than four (4) days a week up to six (6) continuous hours per day without being certified as an adult day care center.

V. Advisory Board
The program is required to have an advisory board representative of public and private organizations and caregivers in the community, which considers policy, fund raising, public relations, outreach, etc. The advisory board meets on a regularly scheduled basis. This oversight function can be performed by the sponsoring agency’s Governing Body.

VI. Liability Insurance
The program is required to have liability insurance coverage for employees, volunteers and advisory board members.

VII. Participant Rights
The program is required to protect the rights of its participants by operating in compliance with the Americans with Disabilities Act and the Civil Rights Act of 1964. The program is required to have all staff (paid and volunteer) and volunteers as defined below read and sign the Participant Rights Statement (see link below). The program is required to keep a copy of the signed statement on file. The program is required to provide a copy of the Participant Rights Statement to the participant/caregiver. 734HCCBGInHomeClientsRights.doc

VIII. Confidentiality
Group respite programs are required to ensure that all participant specific information collected is maintained in accordance with the Division of Aging and Adult Services’ Confidentiality Policies and Procedures as outlined in the Division of Aging and Adult Services’ Home and Community Care Block Grant Procedures Manual for Community Service Providers. http://www.ncdhhs.gov/aging/manual/hccbg/bgsect6.pdf

IX. Program Policies
The program is required to maintain appropriate written policies and procedures, including, but not limited to:

Written Program Policies and Procedures

1. Mission statement
2. Target population
3. Eligibility and discharge criteria
4. Medication use
5. Wandering
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6. Safety and emergency procedures including missing, injured participants and participants that may become ill while in attendance at the program

7. Prevention of communicable illnesses

8. Criminal Background Checks that reveal a criminal history for paid staff and volunteers

The Program Manager is required to review the above policies annually to ensure their continued relevance and that they are current.

X. Facility and Program Setting

Facility
The facility is required to have sufficient space to accommodate the program participants, activities and services. Accommodation is made for participants who do not wish to participate in group activities

Facility requirements are as follows:

1. The space complies with all applicable local, county, state, and federal building regulations, zoning, fire and health codes or ordinances.

2. The facility is accessible to individuals with physical disabilities.

3. A clearly identified safe outside area is provided for the arrival and departure of participants.

4. Arrangements are made for inclement weather. When feasible, this may include a sheltered entrance, the availability of large umbrellas, someone to shovel ice or other barriers to safety, etc.

The Program Setting
The program setting is required to facilitate safety, comfort, mobility and independence.

Program Setting requirements are as follows:

1. The portion of the building utilized for a group respite program (Program Setting) is required to provide a minimum of 40 square feet of indoor space per participant, with written policies stating the maximum number accommodated.

2. Furnishings are to include a sufficient number of sturdy, comfortable chairs or sofas for informal interaction by all participants and a sufficient number of straight chairs and tables for all participants to engage in table activities.
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3. The Program Setting has 2 available restrooms, at least one of which is accessible to individuals with physical disabilities, or a minimum of one accessible toilet shall be available for each 12 adults (including staff, volunteers and participants) in the program area.

4. The areas in the Program Setting are adequately lit for the safety of the participants.

5. The program has access to a space where caregivers, staff (paid and volunteer) or participants may have private conversations.

6. The Program Setting is smoke-free.

7. The Program Setting is clean with no visible dirt or dust on the floor or furniture.

8. Flooring is conducive to safety. No throw rugs.

9. A telephone system dedicated to the program is available during the program’s operational hours.

10. The Program Setting has adequate heat and air conditioning for year-round use.

XI. Personnel and Staffing Requirements

Organizational Chart
1. The program is required to have an organizational chart showing who is responsible for the management of the service.

2. This chart should identify the paid Program Manager as well as any volunteers who are trained to function as person in Program Manager role in the absence of a paid Program Manager on site.

Job Descriptions
1. The program is required to have job descriptions for all staff (paid and volunteer).

2. A job description is required to be given to all program staff (paid and volunteer).

Staff to Participant Ratio
1. The program is required to have one staff member (paid or volunteer) that is functioning in the Program Manager role who is on site.

2. There are to be no more than six participants to each staff member on site (paid or volunteer).

3. Stand-alone programs (those which operate in a space where no other staff is nearby when the program is being held) are required to have at least one staff member (paid
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Program Manager

1. The program is required to have a Program Manager who is responsible for the management of the service and ensures that activities and services are provided. If the Program Manager is not on site, he/she needs to have a substitute (paid or volunteer) fulfilling the role and duties of the Program Manager.

2. The Program Manager is required to be at least 21 years of age and have a minimum of a high school education and two years of post-secondary education from an accredited institution of education or is required to have a high school education and two years of experience working with older adults and adults with disabilities and their families.

3. Prior to employment, the individual must complete an application form containing referral source, background experience, and skills.

4. Prior to employment, a North Carolina statewide criminal background check must be completed covering the past five years.
   a. The group respite provider must have a written policy and procedure outlining the criminal background check process for potential employees.
   b. This written policy and procedure needs to address how an individual’s employment with the group respite provider may be affected if the individual’s criminal background check reveals that he/she has a criminal record.

5. Prior to employment, a signed statement by a physician, nurse practitioner or physician’s assistant indicating that the individual does not have a health condition that would pose a health risk to others and can perform the normally assigned job duties must be completed.

6. Complete a checklist that indicates the individual has been trained in: confidentiality policy, the Participant Rights Statement, and safety issues.

Volunteers Fulfilling the Program Manager Position

1. Whenever a volunteer functions in the capacity of Program Manager on site, all personnel policies, except financial compensation, are required to apply that are stated above.

2. Volunteers fulfilling the role of Program Manager are required to have the same training and orientation as the paid Program Manager.
All other paid staff positions

1. Prior to employment, the individual must complete an application form containing referral source, background experience, and skills.

2. Prior to employment, a North Carolina statewide criminal background check must be completed covering the past five years

   a. The group respite provider must have a written policy and procedure outlining the criminal background check process for potential employees.

   b. This written policy and procedure needs to address how an individual’s employment with the group respite provider may be affected if the individual’s criminal background check reveals that he/she has a criminal record.

3. Prior to employment, a signed statement by a physician, nurse practitioner or physician’s assistant indicating that the individual does not have a health condition that would pose a health risk to others and can perform the normally assigned job duties must be completed.

4. Complete a checklist that indicates the individual has been trained in: confidentiality policy, the Participant Rights Statement, and safety issues.

Volunteers
Volunteers are defined as individuals who are present at the Group Respite program on a planned and continuous basis in order to support the program’s mission and activities. The exceptions to this definition are individuals who are periodically scheduled to come to the program and conduct a group activity such as a sing-a-long, bingo, or an arts and craft project, and/or individuals who come to the program for a one-time special event, such as a holiday program or a concert.

1. Prior to volunteering, an application form containing referral source, background experience, interests and skills must be completed.

2. Prior to volunteering, a volunteer must complete a signed attestation indicating his/her criminal history.

   a. If a volunteer’s signed attestation indicates that he/she has a criminal history, the group respite provider must have a written policy and procedure outlining the process for potential volunteers who have attested that he/she has a criminal history.

   b. This written policy and procedure needs to address how an individual’s volunteering with the group respite provider may be affected if the individual’s signed attestation reveals that he/she has a criminal record.
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3. Prior to volunteering, provide a signed attestation by the individual that individual does not have a health condition that would pose a health risk to others.

XII. Orientation and Training

For All Paid Staff and Volunteers Functioning as Program Manager

1. Program orientation and the necessary training and supervision is required for these individuals to effectively carry out their responsibilities as specified above.

2. Programs are expected to seek consultation or outside training when needed to meet the specific needs of participants or families.

3. The orientation is required to include at a minimum:
   a. Program Mission and Purpose
   b. Staff (paid and volunteer) roles
   c. Program policies and procedures
   d. Fire and safety techniques
   e. Training in Universal Precautions
   f. Confidentiality
   g. Participant rights
   h. Participant needs
   i. Person-centered approaches
   j. Activity planning
   k. Dementia
   l. Wandering
   m. Communication with caregivers

For All Volunteers Meeting the Volunteer Definition on page 7 of Policies and Procedures

Volunteers are required to be trained and receive orientation covering at a minimum, the following topics:
1. Program Mission and Purpose Staff (paid and volunteer) roles

2. Fire and safety techniques

3. Confidentiality

4. Participant rights

XIII. Service Provision

Safety
Staff (paid and volunteer) are required to ensure the safety of the program participants. The program is required to have written procedures to follow in case a participant is missing, injured or ill while at the program. The program is required to have a staff member (paid or volunteer) currently certified in standard First Aid and CPR on duty at all times during the program’s operational hours.

Wandering
The program is required to have the following precautionary measures in place to redirect participants and to prevent participants from wandering away:

1. Written policies and procedures to follow in the event of a missing participant;

2. Secured exits (may use devices such as alarm systems, secure outside areas, or supervised exits) in accordance with the local fire marshal’s directives;

3. Staff (paid and volunteers) are required to be knowledgeable about the Silver Alert process and how to file a Silver Alert report with local law enforcement.

Name Badges

1. Name badges for all participants and staff (paid and volunteer);

2. Identifying mark on participants’ name badges if they have dietary restrictions.

Activities
Group and individual activities: Planned, appropriate adult recreational activities each day of the program for participants, including socialization, exercise, and music as well as normal household activities such as food preparation and those associated with holidays or seasonal observances. Participants are involved in planning activities to the greatest extent possible. The program is required to post a daily schedule of activities each month.

Nutrition
Daily nutritional refreshment for participants each day that the program is held. Liquid refreshment such as juice, tea, coffee or water is required to be offered to participants.
Snacks and adequate hydration, although not always visible, is required to always be available. If the program lasts through a meal hour (12 noon – 1:00 pm, 5:30-6:30 pm) an appropriate meal is required to be served. If the program lasts longer than 4 hours, a healthy snack (such as: fruit or juice and a bread item (crackers or low fat cookies) and a meal is required to be served.

**Medications**

1. Medications cannot be administered to participants by group respite program staff (paid or volunteers) while participants are in attendance at the group respite program.

2. Participants may self-administer medication while in attendance at the group respite program. Medications, whether prescription or over the counter, must be in their original bottle or container. Program Managers are permitted to open a medication bottle or container if requested by a participant. Program Managers can provide verbal cues to participants in the self-administration of medications. Program Managers are not permitted to remove medications from bottles or containers or calibrate medications and hand to participants for participants to self-administer.

3. Participants are not permitted to have medications on his/her person while in attendance at the group respite program. Medications must be kept in a locked location and are to be retrieved only by the Program Manager. Group Respite programs must develop a written policy and procedure for how medications are checked in and checked out of the program.

**Community Resources**

The program is required to have community services information available for participants and caregivers to learn about and to use as needed. Examples of these are brochures/pamphlets/fliers regarding specific diagnoses, support groups, home care agencies, county departments of social services, local Social Security office.

**XIV. Participant Eligibility**

**Age**

The participant attending the group respite program is required to be 60 years of age or older.

**Supervision**

Group Respite participants are individuals in need of supervision who have a caregiver. Group Respite participants’ need for supervision with activities of daily living can be provided through verbal reassurance, encouragement and physical cueing. No hands-on/personal care is needed by the participants while participants are in attendance at the group respite program. No hands-on/personal care may be provided to participants by staff (paid and volunteer). Participants are able to communicate (though not necessarily verbalize) personal needs.
Physical or Cognitive Impairment

Participants either have:
1. Physical conditions that are medically stable and do not require hands-on personal care assistance or intervention while in attendance at the group respite program; or
2. Cognitive impairment or behaviors which can be managed through redirection, distraction and reassurance.

XV. Participant Enrollment and Discharge
Information on enrollment and discharge criteria is required to be provided to caregivers/families at the time of enrollment in the program. The program is required to define, in writing, the participants it can appropriately serve and is required to include any limitations including age or ability criteria for participants, the number of participants, and criteria for referral from the program to a more appropriate level of care.

Prior to Participant Enrollment
Scheduled visits to the program by a caregiver with a participant are encouraged in advance of completion of the documents below and enrollment in the program.

Before a participant is enrolled into the program, the program is required to have the following completed and on file for each participant:

1. A medical examination report signed by a North Carolina licensed physician, physician's assistant or nurse practitioner. The medical examination report is required to indicate that the participant is appropriate for the Group Respite program, does not have a health condition that puts others at serious risk that cannot be reasonably accommodated, and whose need for supervision can be addressed by the program.

2. A client registration form (DAAS-101) for the participant that is updated annually (County Departments of Social Services are required to also complete the DSS-5027 per the Services Information System Manual).
   http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS-02.htm

3. A current photo which clearly identifies the participant.

4. Documentation of each participant’s Social History/Personal Interest(s) Inventory (minimum information to include interests, functional needs and abilities). A Social History of the participant includes information on the participant’s background, interests, hobbies, abilities and physical/cognitive limitations in order to plan and implement appropriate and supportive programming.
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5. A completed Provider Assurance Form for those participants funded to attend Group Respite through HCCBG in compliance with the DAAS Consumer Contributions Policy. [http://www.ncdhhs.gov/aging/consumercontributions.htm](http://www.ncdhhs.gov/aging/consumercontributions.htm)

6. Copy of Advance Directives for participants who have such directives. If a participant has an Out of Facility Do Not Resuscitate (DNR) form (Goldenrod form) to be given to EMS staff in case of an emergency requiring their intervention, an original copy of this document is required and the caregiver is required to supply this original document to the program.

7. Signed forms permitting or declining the use of media (i.e., taking photographs, videos, audio recordings or using names of participants).

8. The program is required to provide a copy of the Participant Rights Statement to the participant/caregiver. [734HCCBGInHomeClientsRights.doc](734HCCBGInHomeClientsRights.doc)

XVI. Records

Documents required to be maintained in all paid staff files and all volunteers fulfilling the on-site Program Manager role are, at a minimum:

1. A completed application form containing referral source, background experience, and skills.

2. A signed statement on file that the individual is required to comply with the Participant Rights Statement.

3. Evidence that a North Carolina statewide criminal background check covering the past five years was completed.

4. A statement signed by a physician, nurse practitioner or physician’s assistant indicating that the individual does not have a health condition that would pose a health risk to others and can perform the normally assigned job duties.

5. A checklist that indicates the individual has been trained and oriented in:
   a. Program Mission and Purpose
   b. Staff (paid and volunteer) roles
   c. Program policies and procedures
   d. Fire and safety techniques
   e. Training in Universal Precautions

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f. Confidentiality

g. Participant rights

h. Participant needs

i. Person-centered approaches

j. Activity planning

k. Dementia

l. Wandering

m. Communication with caregivers

**Documents required to be maintained in Volunteer files, at a minimum are:**

1. A completed application form containing referral source, background experience, interests and skills.

2. A signed statement on file that the individual is required to comply with the Participant Rights Statement.

3. A signed attestation indicating his/her criminal history.

4. A signed attestation that individual does not have a health condition that would pose a health risk to others.

5. A checklist that indicates the individual has been trained in:

   a. Program Mission and Purpose Staff (paid and volunteer) roles

   b. Fire and safety techniques

   c. Confidentiality

   d. Participant rights

**Participant Records**

1. A medical examination report signed by a North Carolina licensed physician, physician's assistant or nurse practitioner. The medical examination report is required to indicate that the participant is appropriate for the Group Respite program, does not have a health condition that puts others at serious risk that cannot be reasonably accommodated, and whose need for supervision can be addressed by the program.
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2. A completed client registration form (DAAS-101) for the participant that is updated annually (County Departments of Social Services are required to also complete the DSS-5027 per the Services Information System Manual).
   http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS-02.htm

3. A current photo which clearly identifies the participant.

4. A completed Provider Assurance Form for those participants funded to attend Group Respite through HCCBG in compliance with the DAAS Consumer Contributions Policy.
   http://www.ncdhhs.gov/aging/consumercontributions.htm

5. Copy of Advance Directives for participants who have such directives. If a participant has an Out of Facility Do Not Resuscitate (DNR) form (Goldenrod form) to be given to EMS staff in case of an emergency requiring their intervention, an original copy of this document is required and the caregiver is required to supply this original document to the program.

6. Signed forms permitting or declining the use of media (i.e., taking photographs, videos, audio recordings or using names of participants).

7. Annually updated Social History/Personal Interest(s) Inventory annually to ensure the program can still meet each participant’s needs.

8. Indication that the program provided a copy of the Participant Rights Statement to the participant/caregiver.

9. Changes in Participant Needs: The program is required to be responsive to the changing needs of its participants. Initial participant registration and Social History/Personal Interest(s) Inventory is required to be reviewed and updated by the program manager at least every twelve months or more frequently if there is a significant change that would affect the person’s functioning in the program. Staff (paid and volunteer) should be observant of significant changes in a participant’s behavior or ability and communicate observations to the program manager. The program is required to note these changes in the participant’s file.

10. Signed participation form for each off site activity.

XVII. Reporting, Reimbursement and Unit of Service

Reporting
1. All providers are required to complete an Aging Resources Management System (ARMS) Client Registration Form (DAAS-101) for each participant.

2. Refer to the HCCBG Manual on line at the DAAS web site for additional information on Client Registration: http://www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm

**Reimbursement**

1. Group respite services will be reimbursed as a unit-based service.

2. Specific procedures for reporting client and service reimbursement data are outlined in the Division of Aging and Adult Services’ Home and Community Care Block Grant Procedures Manual for Community Services Providers.

3. Group respite service is subject to Consumer Contributions 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 and the Home and Community Care Block Grant Consumer Contributions Manual.
   http://www.ncdhhs.gov/aging/consumercontributions.htm

**Unit of Service**

A unit is defined as a day of service, consisting of a group respite program with no fewer than three (3) continuous hours and a maximum length of up to six (6) continuous hours per day.

**XVIII. Best Practices**

It is recommended that the program encourage registration of participants who may wander with an identification and retrieval service such as the Medic Alert + Safe Return through the National Alzheimer’s Association, the MEDIC Alert Bracelet, etc.

It is recommended that volunteers be recognized for their contributions to the program at least annually.

**Transportation and Support Groups are encouraged but optional services.**

\(^i\) Tasks that range from assistance with basic personal care hygiene and grooming, feeding, and ambulation, to medical monitoring and other health care related tasks. 10A NCAC 06R .0201