

RESPITE CARE

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook has been revised; it addresses the provision of respite care within institutional settings such as the Department of Veterans Affairs (VA) Community Living Centers (CLC), community nursing homes, and VA and non-VA non-institutional settings including in-home respite services and adult day health care.

2. SUMMARY OF MAJOR CHANGES. This portfolio of respite services offers the most appropriate services in the least restrictive settings ranging from institutional inpatient care to in-home respite care. Public Law (Pub. L.) 106-117 expanded the array of community-based services available to veterans to include community nursing homes and non-institutional settings for respite care. Prior to the passage of Pub. L. 106-117, respite care authorization was limited to VA inpatient CLC or hospital beds.

3. RELATED ISSUES. VHA Directive 1140.

4. FOLLOW-UP RESPONSIBILITY. The Chief Consultant for Geriatrics and Extended Care Strategic Healthcare Group (114) is responsible for the contents of this Handbook. Questions may be addressed to 202-461-6799.

5. RECISSIONS. VHA Handbook 1140.2, dated May 15, 2003, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before October 31, 2013.

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RESPITE CARE

1. PURPOSE

This Veterans Health Administration (VHA) Handbook addresses the provision of respite care within institutional settings such as the Department of Veterans Affairs (VA) Community Living Centers (CLC), community nursing homes, VA and non-VA non-institutional settings including, but not limited to, in-home respite services and adult day health care for the purpose of respite.

2. BACKGROUND

a. VA is committed to providing an array of long-term care services to veterans who experience functional impairments from chronic conditions. Prior to the passage of Public Law (Pub. L.) 106-117, respite care authorization had been limited to VA Inpatient Nursing Home Care Unit (NHCU) (currently known as CLCs or hospital beds. With the passage of Pub. L. 106-117, respite services have been expanded to include home and community-based care alternatives in addition to the institutional options traditionally provided.

b. VA's intention in the expansion of respite care is to offer the most appropriate services in the least restrictive settings ranging from home or community-based respite care to respite care in a nursing home.

c. It is generally recognized that most chronically ill persons who do not need acute care services can be appropriately cared for in the home with the assistance of family, other household members, or other informal social support systems. In this way, many chronically ill veterans are able to reside at home, preventing the need for institutionally-based care for as long as possible. At the same time, there is recognition that such arrangements for care of a veteran at home may place severe physical and emotional burdens on the caregiver and the household.

3. SCOPE

a. VHA is committed to the provision of clinically-appropriate respite care services through the use of various institutional and non-institutional programs such as: CLC, Community Nursing Home (CNH), Homemaker and/or Home Health Aide (H/HHA), Adult Day Health Care (ADHC).

b. This handbook outlines the definitions and processes relating to respite care, and specifies:

- (1) Administrative policy.
- (2) Admission criteria for respite care.
- (3) Processes and practices of respite service planning and monitoring.
- (4) Quality oversight and on-going monitoring of respite services.

- (5) Responsibilities of network and local facility staff in the implementation of respite care.

4. GOAL

The goal of respite care is to give family caregivers and other informal social support systems temporary relief from the demands of daily care, thereby supporting the veteran's desire to delay or prevent nursing home placement. Respite care services are primarily a resource for veterans whose caregivers are neither provided respite services through, nor compensated by, a formal care system (i.e., Community Residential Care (CRC) program agreements, Medicaid waiver programs, Hospice programs, and others for which the veteran is dually eligible).

5. DEFINITIONS

a. **Respite Care.** Respite care is a distinct VA program with the unique purpose of providing temporary relief for unpaid caregivers from routine care giving tasks, thus supporting caregivers in maintaining the chronically ill veteran in the home. Respite care services may include various VA and non-VA programs or contracts. In all cases, respite care remains distinct from usual Geriatrics and Extended Care (GEC) services in that the focus and purpose of respite care is providing relief for the caregiver. The following are examples of the distinct purpose of respite services versus routine GEC care plans:

(1) **Homemaker and/or Home Health Aide (H/HHA).** H/HHAs are VA-funded personal care and homemaker services, usually obtained by contract with public or private agencies. H/HHA services enable frail or functionally-impaired persons to remain in the home. They provide services, which are ordered as part of a routine, on-going health maintenance care plan, for example, managing bathing for a functionally-impaired veteran desiring to remain in the home and the primary care provider is unable to bathe the veteran.

(2) **Respite Care Plan H/HHA.** Respite Care Plan H/HHA are services ordered on a short-term basis for the purpose of providing relief to a caregiver of a functionally impaired veteran desiring to remain in the home and the primary caregiver is able to provide the care, but who needs occasional relief.

b. **Respite Plan of Services.** A Respite Plan of Services is an individualized approach to care or services for respite developed by an interdisciplinary team. The respite plan specifies the amount of time, the type of care, and the care setting for respite services. The goal of the respite plan is to provide relief and support to the caregiver in maintaining the veteran in the home.

c. **Respite Care Coordinator.** A Respite Care Coordinator is an individual with local level programmatic and operational responsibility for respite service administration and coordination.

d. **ADHC.** ADHC is a therapeutic day care program that provides medical, social, nursing, and rehabilitation services to functionally-impaired veterans in a non-institutional setting.

e. **Activities of Daily Living (ADL).** ADL are personal care activities performed on a daily basis that include: bathing, mobility, eating, toileting, and dressing.

f. **Instrumental Activities of Daily Living (IADL)**. IADL are a set of general activities performed on a regular basis such as: using the telephone, paying bills, shopping, financial management, medication management, and meal preparation.

g. **Community Nursing Home**. A CNH is a non-VA inpatient nursing facility in the community that provides short and long-term institutional care and, for the purpose of this Handbook, provides services under contract with VA.

h. **Geriatrics and Extended Care (GEC)**. GEC is the formal designation for a system of institutional and non-institutional services that manages the continuum of care for elderly, chronically ill, or functionally-impaired veterans.

i. **Community Living Center (CLC)**. CLCs, formerly known as VA Nursing Home Care Units (NHCU), provide a dynamic array of services in person-centered environments that meet the individual needs of residents, providing excellent health care and quality of life.

6. ADMINISTRATIVE POLICY

Respite care is a distinct component of the array of long-term care services available to veterans who experience functional impairments from chronic conditions. Administration of this program must include consideration of, and attention to, the following:

a. Veterans seeking respite services must be enrolled for VHA health care and receive established, on-going, routine health care services from a VA or contracted VA health care provider or care team. **NOTE:** *Referrals for respite care need to follow medical center policy.*

b. The respite care benefit provides respite services to eligible veterans for up to 30 days in a calendar year. This 30-day program limit includes the sum of all respite-specific resources provided, regardless of the setting.

c. For VA program purposes, “a day” of respite is defined as any single day in which respite services are provided to the veteran, that is, up to 6 hours of care per day in the home, greater than 4 hours of care in adult day health care, or 24 hours of care per day in an inpatient setting.

d. Veterans who are in need of respite services in excess of 30 days because of unforeseen difficulties, such as the illness or death of a primary caregiver, with the approval of the medical center Director, or designee, may be granted additional days.

e. When inpatient respite care is provided in VA CLCs or medical centers, beds may not be designated exclusively for respite care. VA medical centers are not authorized to provide respite services in any ambulatory care clinic settings other than the formal ADHC Programs.

f. When a veteran is admitted for respite care, services provided are subject to the applicable standards of care for that care setting. For example, in the VA CLC, services must meet The Joint Commission's long-term care standards. **NOTE:** *State and Federal standards must be met by VA-contracted CNHs and in the delivery of home health services.*

g. Respite care is available in a variety of settings; therefore, program access and admissions must follow the same guidelines for admission currently applicable within VHA and non-VHA inpatient and outpatient programs.

h. Long-term Care (LTC) co-payments apply to respite care regardless of the setting or service that provides such care. A LTC co-payment test must be completed for each veteran requesting extended care services, to determine the extended care co-payment exemption or non-exemption. Veterans are required to complete VA Form 10-10EC, Application for Extended Care Services. *NOTE: The monthly extended care co-payment is assessed based on the information in VA Form 10-10EC and the type of extended care services provided.*

i. Workload related to respite care, whether inpatient or outpatient, VA or non-VA, must be entered into the approved reporting system for local and national tracking.

7. ADMISSION CRITERIA

For admission to respite care the following criteria must be met:

- a. The veteran has a diagnosed chronic disabling illness or condition.
- b. The veteran lives at home and requires substantial assistance in ADL in order to continue to reside safely in the home.
- c. The veteran's caregiver is in need of temporary or intermittent relief from day to day care tasks in order to sustain this care-giving role.
- d. The veteran must meet clinical criteria, as well as eligibility criteria for nursing home and long-term care (Pub. L. 106-117). Clinical criteria includes:
 - (1) Dependence in three or more ADLs or significant cognitive impairment, and
 - (2) Two or more of the following conditions:
 - (a) Dependence in three or more IADLs.
 - (b) Recent discharge from a nursing home.
 - (c) 75 years old, or older.
 - (d) Identification as a high utilizer of medical services (defined as having three or more hospitalizations in the past year, or utilizing outpatient clinics or emergency evaluations twelve or more times within the preceding 12 months).
 - (e) Is clinically depressed.

8. RESPITE CARE REFERRAL AND PLAN OF SERVICE

Referral to respite care must be initiated through the completion of VA Form 10-0415, VA Geriatric and Extended Care (GEC) Referral, and in accordance with local medical center policy.

a. When the health care team determines that respite services are indicated, the Respite Care Coordinator is responsible for securing the service, utilizing the most appropriate setting(s) and resource(s), whether VA or non-VA, inpatient or non-institutional. For example, a respite plan may include a combination of inpatient admissions, as well as home or community-based alternatives, such as ADHC or in-home care

b. Respite services must be provided in the context of an individualized service plan that specifies the amount of time, the type of care, and the care setting for respite services. The VA provider or treatment team responsible for the care of the veteran prescribes respite care. **NOTE:** *The physician member of the veteran's interdisciplinary team is responsible for, or must supervise the respite care of the patient.*

c. Veterans are discharged from respite care when:

(1) The maximum allowable time in respite care has been reached.

(2) The veteran can no longer be cared for safely utilizing the respite supports or resources available.

(3) The veteran is transferred to another level of care because:

(a) The caregiver is no longer able to provide the necessary care, or

(b) The veteran becomes acutely ill and is not expected to return to a level of care which the respite care plan is able to support, or

(c) The veteran's functional status deteriorates to the point where remaining in the home is no longer an option.

9. RESPONSIBILITIES OF THE RESPITE CARE COORDINATOR

The Respite Care Coordinator has responsibility for oversight of the respite service plan, and includes, but is not limited to:

a. Managing the program operation by providing administrative oversight and leadership.

b. Coordinating services, interfacing with the referring treatment team, tracking, and documenting referrals and prescribed episodes of respite services.

c. Orienting the veteran and the caregiver to the program.

- d. Monitoring the veteran's respite plan of service.
- e. Assessing that the choice of service settings for the delivery of respite care reflects caregiver and veteran need.

10. QUALITY OVERSIGHT AND MONITORING

Services provided through a respite service plan are subject to the applicable standards of quality oversight and monitoring for that care setting. For example, respite care provided within a CNH requires the same level of quality care oversight and monitoring as other such admissions. Additionally, monitors of patient and caregiver satisfaction are required for each respite care program.

11. RESPONSIBILITY OF THE NETWORK DIRECTOR

It is the responsibility of the Network Director, or designee, to determine that the medical facilities within the Network develop local policies to encompass both institutional and non-institutional respite care services and resources.

12. RESPONSIBILITY OF THE MEDICAL CENTER DIRECTOR

It is the responsibility of the medical center Director, or designee, to appoint a Respite Care Coordinator to have programmatic and management responsibility for respite services. The Respite Care Coordinator must have demonstrated ability and competence in patient care and program administration, as well as knowledge of community resources, patient and family dynamics, and geriatrics.

13. REFERENCES

Public Law 106-117 Veterans Millennium Health Care Benefits Act, Title I Access to Care, Subsection A-Long-term Care, 1701B – Extended Care Services, (1), (4), and (6).