

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Kathy Hochul, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

TECHNICAL ASSISTANCE MEMORANDUM

Number 23-TAM-04

Supersedes N/A

Expiration Date N/A

DATE: May 4, 2023

TO: AAA Directors, Caregiver Coordinators

SUBJECT: Implementing a Caregiver-Directed Respite Care Service Delivery Model under the NFCSP

PURPOSE:

This Technical Assistance Memorandum (TAM) provides guidance to local Area Agencies on Aging (AAAs) for the effective implementation of a caregiver-directed respite care service delivery model under the National Family Caregiver Support Program (NFCSP – Title III-E) in accordance with the most recent issuance of the NFCSP Standards.

BACKGROUND:

The NFCSP was established in 2000 to provide funding to states to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible (*authorizing legislation is Section 373 of the Older Americans Act (OAA) of 1965, as amended, Title III-E*). NYSOFA administers this program through the Area Agencies on Aging (AAAs). Any AAA that accepts NFCSP funds from NYSOFA must establish and operate a caregiver support program that:

- Meets the needs of the caregiver and enhances support given to the care receiver;
- Helps the caregiver become a better advocate and more confident in assisting the care receiver with their needs;
- Deters placement in a long-term care facility, and promotes continuing care within the home or in alternative community settings for as long as possible;
- Helps provide support to older relatives that are caregivers for children or individuals with disabilities (this component is available but not required).

When family caregivers are well supported, care receivers can stay in their homes longer and can have a better quality of life.

Implementation of the NFCSP under Title III-E of the OAA, the U.S. Administration on Aging/Administration for Community Living Nursing Home Diversion Modernization grants, and the Lifespan Respite grant initiatives, have given caregiver-directed service delivery models very high national visibility, including in the aging network. Like consumer direction, caregiver direction is a service delivery model that provides caregivers with more control and choice in the care they identify for respite purposes. Depending on the parameters established by a program, caregivers, in agreement with the care receiver, acting as the employer (e.g., recruiting, hiring, scheduling, supervising, training, terminating etc.) may choose which respite services to use; which providers or workers to hire; what time of day workers will come; whether to hire family members; and/or some combination thereof.

CAREGIVER-DIRECTED MODEL:

Often the focus of consumer-directed services is on the person directly receiving care; however, the intent of the caregiver-directed respite care service delivery model under the NFCSP is to focus on the caregiver and support them with identifying and implementing respite services to provide them with a break from their caregiving responsibilities. Implementing a caregiver-directed respite service delivery model offers caregivers greater flexibility and a person-centered approach. Under this model, caregivers are assessed to determine their needs, capabilities, and preferences, including their ability to self-direct. This includes recruiting, hiring, scheduling, supervising, training, and/or terminating the respite provider they have chosen to provide support in or out of the home.

The AAA may develop and choose to implement any of the payment mechanisms outlined in the most recent issuance of the NFCSP Standards for caregiver-directed respite services upon approval by NYSOFA including, but not limited to, utilizing fiscal intermediaries and respite vouchers.

This TAM also consists of example forms from other caregiver-directed respite programs across the country that can be used for reference by AAAs when developing their agency forms.

- PROGRAMS AFFECTED:** Title III-B Title III-C-1 Title III-C-2
 Title III-D NFCSP (III-E) CSE SNAP Energy
 EISEP NSIP Title V HIICAP LTCOP
 NY Connects Other:

CONTACT PERSON: Deana Prest **TELEPHONE:** 518-486-2719

EMAIL: deana.prest@aging.ny.gov; and caregiver@aging.ny.gov

Contents

I. OVERVIEW OF RESPITE

II. READINESS AND CAPACITY

- Stakeholder Involvement
- Assessing Readiness

III. PROGRAM STRUCTURE

- Caregiver-Directed Respite Care Service Delivery Models
 - Vouchers
 - Amount
 - Timeframe
 - Reimbursement vs. Direct Payment
 - Renewals and Extensions
 - Use of a Fiscal Intermediary (FI) or Fiscal Management System (FMS)
 - What is an FI/FMS?
 - Options for an FI/FMS
 - Forming a Partnership with an FI/FMS
 - Elements of a contract with an FI/FMS
 - Negotiating with an FI
 - Other innovative models
- Roles & Responsibilities
 - Caregiver (Client)
 - Care Receiver
 - Caregiver Representative
 - Respite Provider(s)
 - Caregiver Coordinator
 - Case Manager/Care Manager
 - Payment Mechanisms
 - AAA
- Marketing and Outreach
 - Targeting Caregivers
 - Targeting Professionals
- Factors That Influence the Participation
 - Caregiver Readiness
 - Presentation of the Model
 - Experience with Traditional Providers
 - Availability of Respite Workers
- Eligibility & Prioritization
 - Eligibility
 - Prioritization
- Respite Provider
 - Who can be a respite provider?
 - Finding a respite provider?
 - Hiring Process

- Background Checks
- Respite Provider Training Core Competencies
 - The Voucher Model
 - The Fiscal Intermediary Model

IV. QUALITY AND RISK MANAGEMENT

- Financial Considerations
 - Tax Considerations
 - Setting a Pay Rate
- Quality Assurance & Program Evaluation
 - Tracking Program Participation & Award Usage
 - Monitoring

V. FORMS

- Program Guidance/Requirements
- Person-centered Planning Tool
- Survey
- Notice of Award Form (Voucher specific)
- Timesheet/Reimbursement Forms
- Respite Provider Agreement
- Authorization Form

ATTACHMENTS

- Attachment A - Self-Assessment Readiness Review Tool for Voucher Programs
- Attachment B – Genesee County Agency Aide/Nursing Supervision Pricing Sheet
- Attachment C – South Carolina Respite Coalition (SCRC) Respite Voucher Program Form
- Attachment D – North Carolina Lifespan Respite Voucher Program Form
- Attachment E – Virginia Lifespan Respite Voucher Program Form
- Attachment F – ARCH National Respite Network and Resource Center (ARCH) My LifeCourse Respite Portfolio
- Attachment G – New York State Caregiving and Respite Coalition (NYSCRC) Post-Respite Care Satisfaction Survey
- Attachment H – Montana Lifespan Respite Voucher Award Form
- Attachment I – North Carolina Lifespan Respite Program Voucher Award Form
- Attachment J – NYSCRC Kinship Caregiver Respite Voucher Program Check Request/Timesheet — Individual Respite Providers
- Attachment K – North Carolina Lifespan Respite Program Respite Care Provider Agreement
- Attachment L – NYSCRC Kinship Caregiver Respite Voucher Program Provider Contract
- Attachment M – Erie County Department of Senior Services Overnight

Respite Referral Form

I. OVERVIEW OF RESPITE

Family caregivers are essential to the long-term services and supports system. Many family members and friends accept the responsibility of caregiving without hesitation. However, family caregivers frequently face financial, physical, and emotional burdens that have an impact on their families, social lives, and careers. As a result, caregivers must be supported in their caregiving responsibilities. Respite care services provide temporary, substitute supports or living arrangements for care receivers to provide caregivers with a brief period of relief or rest. The types of respite care allowable under the NFCSP include in-home respite, out-of-home respite (day or overnight), other respite (respite that does not fall into the previous two categories), and emergency respite. These types of respite are defined in the most recent issuance of the NFCSP Quick Reference Guide.

Although there are many respite care options available, there are some barriers to accessing respite care, such as eligibility criteria, financial burdens, and a shortage of respite care providers. To reduce these barriers, NYSOFA allows AAAs to implement a caregiver-directed respite care service delivery model under the NFCSP. Caregiver-directed respite provides the caregiver with more options, flexibility, and control.

II. READINESS AND CAPACITY

Stakeholder Involvement

Stakeholder involvement is an essential first step in establishing any new service delivery model or expanding upon an existing one. Stakeholder involvement includes the participation of stakeholders in the development, implementation, and continuous improvement of the program. Involvement may occur through focus groups, surveys, advisory groups, the Long Term Care Council, etc. Stakeholders may include caregivers, care receivers, respite providers, other relevant agencies, or other relevant departments within the agency. Stakeholders may be involved in discussions surrounding what has worked or not worked in their past experiences with a caregiver-directed respite care service delivery model, caregiver, and care receiver needs from a caregiver-directed respite care service delivery model, best practices, effective marketing and outreach, and solicitation of ongoing feedback and suggestions.

Assessing Readiness

Another essential first step in establishing a new service delivery model is determining the agency's readiness to start and sustain such a program and ensuring that the agency has the necessary capacity and resources in place to do so. This can be achieved by using a readiness assessment tool which includes relevant considerations for capacity and sustainability. Please see the *Self-Assessment Readiness Review Tool for Voucher Programs* created by Applied Self-Direction in collaboration with ARCH National Respite Network and Resource Center, included as Attachment A, for an example Readiness Assessment Tool which can be used when establishing a new

respite voucher program and/or caregiver-directed respite care service delivery model.

III. PROGRAM STRUCTURE

Caregiver-Directed Respite Care Service Delivery Models

As per the NFCSP Standards, the AAA will assess each caregiver for caregiver-directed respite using the NYSOFA-required assessment tool. The assessment will help to determine the caregiver's ability to self-direct and manage the care receiver's care. The AAA may choose to administer their caregiver-directed respite care service delivery model using any of the following models or a combination thereof.

Vouchers

One caregiver-directed respite care service delivery model is the use of vouchers. Vouchers can be awarded to families/caregivers in a certain dollar amount in order to redeem respite services during a specified time period. AAAs may administer vouchers themselves or may contract with a Voucher Program Administrator to manage the processing of vouchers. When implementing a voucher model, several elements of the model should be taken into consideration and decided upon before implementation.

- a) Amount: A specific dollar amount for which a single voucher is worth should be determined. It may be beneficial to consider what the average rate for a respite provider is in the area, how many caregivers the AAA plans to serve with the available budget, etc.
- b) Timeframe: To ensure that funds are used and not held for an extended period, it is important to impose a specified time with an expiration date for which a voucher must be used.
- c) Reimbursement vs Direct Payment: Another factor to consider when implementing a voucher model is whether the caregiver will be expected to pay the respite provider out of pocket and then be reimbursed by the agency, or if the agency will pay the respite provider directly, eliminating the need for the caregiver to make any upfront payments.
- d) Renewals & Extensions: The agency will need to determine whether renewals or extensions of a voucher are allowable if the voucher awardee does not expend all of the voucher funds by the specified time period.

Use of a Fiscal Intermediary (FI) or Fiscal Management System (FMS)

- a) What is an FI/FMS?
 - a. An FI/FMS may act on behalf of the AAA and/or caregiver to support them in fiscal and other related administrative actions needed to manage or participate in a successful caregiver-directed respite care service delivery model. This may include managing payments to

respite providers on behalf of the AAA or caregiver, managing benefits, filing tax documentation, handling record keeping, providing expenditure and other relevant reports, and providing support to the caregiver and respite provider regarding training (for both administrative and care tasks as deemed appropriate and agreed upon with the AAA), administering background checks on the respite provider (if requested by the caregiver), filling out timesheets, and other administrative functions related to the employment of the respite provider. If utilizing a voucher model, this may include managing, administering, and record keeping of the vouchers.

b) Options for an FI/FMS:

FI/FMS' exist in every county in New York State. A list of FI/FMS' approved by the New York State Department of Health (DOH) can be found on the DOH website and through this link:

https://www.health.ny.gov/funding/rfo/20039/docs/awardees_by_county.pdf

c) Forming a Partnership/Negotiating with an FI/FMS:

Upon the development of the caregiver-directed respite care service delivery model and deciding to use an FI/FMS, the AAA should start the process of finding and partnering with a local FI/FMS as soon as possible. AAAs may need to go through a bidding process or sole source designation to select and contract with an FI/FMS. The AAA is ultimately in charge of deciding what qualifications they would like the FI/FMS to have, and what tasks they would like the FI/FMS to be responsible for.

d) Elements of a contract with an FI/FMS:

The contract established between the AAA and FI/FMS should specify the FI/FMS's role in relation to the AAA and caregiver participants, as well as the responsibilities the FI/FMS will perform in support of the AAA and caregivers. Standard county contract requirements, such as billing, audits, and documentation, should also be included in the contract. It should also include procedures for amending or terminating the contract between the AAA and FI/FMS, as well as the contract's length and cost.

Other Innovative Models

The AAA may also choose to implement a different model not listed above or use a variation of them. As with the implementation of any major change into the AAAs programming (including implementation of the above models), the AAA would need to go through the Attachment C process beforehand (for guidance on the Attachment C process, refer to the most recent NYSOFA issuance of the Attachment C Program Instruction).

Roles and Responsibilities

- a) Caregiver (Client) – The caregiver is responsible for recruiting, hiring, scheduling, supervising, training, and/or terminating (if needed), setting a pay rate for the respite provider, and oversight of the respite provider. This includes the appropriate record keeping of the time when respite is provided and the submission of the appropriate paperwork to render services and payment. The caregiver is encouraged to involve the care receiver in decision-making as appropriate.
- b) Care Receiver – The care receiver must agree to receive services. They should express any preferences regarding the services they will receive.
- c) Caregiver Representative (if applicable) - The caregiver representative is an individual who is responsible for directing respite care on behalf of the caregiver when they are unable or unwilling.
- d) Respite Provider(s) – The respite provider is responsible for administering respite at the appropriate times in compliance with an agreed-upon care plan that is established with the caregiver and care receiver. The respite provider is also responsible for keeping track of their time providing respite and submitting appropriate paperwork such as a timesheet to render payment when necessary.
- e) Caregiver Coordinator – The caregiver coordinator is designated by the AAA, may have a supervisory role, and is responsible for coordinating the NFCSP services, including caregiver-directed respite. The Caregiver Coordinator may also perform the role of a Case Manager/Care Manager.
- f) Case Manager/Care Manager (staff working with the caregiver) – The Case Manager/Care Manager is responsible for screening, assessment, care planning, determining eligibility for caregiver-directed respite care, arranging and authorizing service delivery, follow-up, caregiver monitoring, and reassessment and discharge of the caregiver.
- g) Payment Mechanisms
 - a. FI or FMS – The AAA may contract with an FI/FMS to perform the administrative functions of their caregiver-directed respite model. Administrative functions include processing payments or vouchers to the respite provider or caregiver.
 - b. Voucher Program Administrator – The AAA may contract with an organization to perform the administrative functions of their caregiver-directed respite model or use AAA staff to perform these functions.

Administrative functions include processing vouchers to the respite provider or caregiver.

- h) AAA – The AAA is responsible for establishing and adhering to policies and procedures of a caregiver-directed respite care service delivery model per the most recent issuance of the NFCSP Standards.

Marketing and Outreach

Marketing materials and outreach techniques can help to inform individuals about the caregiver-directed respite care service delivery model and what it can offer. Developing marketing materials targeted to both caregivers and professionals is important to ensure the success of the model. Those who are potentially eligible to receive respite care will have access to the information needed if they wish to use this service delivery model. Having workplace professionals who are well informed about caregiver-directed respite care will help to alleviate any confusion for both the caregiver and care receiver. Developing and implementing outreach strategies are an important part of the process. There are a variety of ways in which to successfully market to both caregivers and professionals. Examples of those strategies are listed below:

Targeting Caregivers

- a) Use social media outlets to market the model to caregivers, specifically, using platforms such as Facebook, newspaper advertisements, flyers, brochures, and email listserv are effective methods.
- b) Create an email distribution list for caregivers to reach more rural areas.
- c) Engage faith-based organizations and support groups to inform caregivers of the specific services offered.
- d) Include caregiver-directed information in program information material, such as brochures.

Targeting Professionals

- a) Continual outreach to community-based organizations to inform professionals working with caregivers about the availability of a caregiver-directed respite care service delivery model.
- b) Connect with local medical offices, family practitioners, and other social service organizations to inform the community about the service delivery models.
- c) Invite professionals to give presentations at local nursing homes, senior-service centers, and other long-term care facilities.
- d) Utilize referral packets to help connect caregivers to respite care services, including caregiver-directed models.

Factors That Influence Participation

Caregiver Readiness

Caregivers' readiness to participate in caregiver-directed respite care service delivery models will vary widely. It is important to recognize each person's situation and where they are in their caregiving journey. Some caregivers may feel too overwhelmed to consider a caregiver-directed model but may be open to this option later. Others may not be interested in directing care or may have complex needs of their own that make this model impractical. Some caregivers may be unfamiliar with the caregiver-directed model and need time to learn the concept of self-direction, while others may be ready to participate in caregiver-directed respite immediately.

Presentation of the Model

How caregiver-directed respite care service delivery models are presented to not only caregivers but also the community will affect participation. It is important to educate the community about the positive aspects of self-direction. Many people may be unaware of this service delivery model and have genuine concerns about the implications for the caregiver's well-being.

When describing caregiver-directed respite care service delivery models to the community and caregivers, emphasizing the increased responsibilities and additional paperwork may discourage caregivers who would benefit from this service delivery model. On the other hand, highlighting the benefits of caregiver-directed respite care, such as increased flexibility, higher level of control, and more choices for care will likely appeal to many caregivers.

Experience with Traditional Providers

A caregiver's experience with current providers and community resources, in general, may influence their willingness to participate in caregiver-directed respite care. Caregivers who have a trusted respite provider and are satisfied with this support may not be interested in learning about another service delivery model. On the other hand, caregivers who have had negative experiences with a provider or are looking to improve their current situation may be more open to learning about caregiver-directed respite care.

Availability of Respite Workers

Caregivers who live in areas where there are waiting lists for in-home services may be more receptive to exploring caregiver-directed respite care. This model of service delivery can be an additional option when agency help is limited in a geographic area.

Caregivers who have limited family and social support may find it daunting to identify a potential respite worker. However, caregiver-directed respite care can still be an effective option for caregivers who may not know a respite worker (see Finding a Respite Provider).

Eligibility and Prioritization

Eligibility

To participate in caregiver-directed respite, caregivers must meet the NFCSP eligibility requirements outlined in the most recent issuance of the NFCSP Standards.

Prioritization

All AAAs that implement a caregiver-directed respite care service delivery model must comply with the accessibility and prioritization requirements specified in the most recent issuance of the NFCSP Standards. They must provide maximum service accessibility to caregivers who are in the greatest social or economic need, with particular attention to low-income minority individuals.

Respite Provider

Who can be a Respite Provider?

A caregiver-directed respite care provider must meet the following requirements:

- Be at least 18 years of age
- Be a citizen of the United States or have the legal authority to work in the United States
- Has not been convicted of Medicaid or other benefits fraud or any form of abuse, neglect, or exploitation
- Cannot be the primary caregiver

Family members may be hired as respite providers under both the Voucher Model and the FI Model. Family members must meet the requirements listed above.

Finding a Respite Provider

Some caregivers will already know a potential respite provider, while others will need time to search for someone to help the care receiver. Caregivers who need to search for a provider could start by reaching out to individuals in their social network. Word of mouth is often an effective method of finding a trusted person to give the caregiver some respite. Friends, extended family members, religious organizations, support groups, or medical professionals are often fruitful sources of potential respite providers. Other options include placing ads in local newspapers or on bulletin boards in libraries, stores, or coffee shops. For assistance finding a respite provider, caregivers may contact home health agencies, AAAs, NYSCRC, and FIs. It's important to remind caregivers that they should screen the prospective respite provider carefully.

The Hiring Process

Under caregiver-directed respite, the caregiver is in charge of interviewing the respite provider, discussing the schedule and specific tasks, checking references, selecting the

pay rate, training the respite provider, tracking the provider's timesheet, and ensuring tax guidelines are followed. The caregiver should be comfortable with the person who is staying with the care receiver and feel confident that their respite provider is trustworthy and reliable. A caregiver's feelings and intuition about a potential respite provider can be invaluable. Caregivers who need extra reassurance about the hiring process could be encouraged to think about specific tasks that would be most helpful and write out a job description so that expectations are clear. Other concerns that the caregiver may have, such as punctuality, smoking preferences, or pets, should be discussed upfront to avoid future misunderstandings. For more information on conducting a respite provider interview, caregivers can search on caregiver or health websites dedicated to supporting self-direction.

Background Checks

The AAA should remind caregivers that they have the option of conducting a background check on a prospective respite provider. Please refer to the most recent issuance of the NFCSP Standards for more information regarding background checks.

Respite Provider Training and Core Competencies

The training requirements for respite providers differ based on whether the caregiver is using the Voucher or FI model. Regardless of the service delivery model, adequate training not only enhances a respite provider's skills and comfort level with the care receiver but also helps them feel like a valued member of the care team. Training should be focused on the individual needs of both the care receiver and the caregiver. The caregiver should instruct the respite provider on any tasks or functions they're expected to perform. It's also helpful to offer information about the care receiver's routine and activities, including any tips for handling potential challenges the respite provider may encounter.

The AAA has the option of making additional training available to both the caregiver and the respite provider. Caregiver stress, disability awareness, family and cultural diversity, communication skills, confidentiality, and dementia education are a few examples of valuable training topics.

The Voucher Model

The caregiver determines the amount of training and the topics that will best meet the needs of themselves and the care receiver under the voucher model. Caregivers may want to consider the respite provider's current skill level and knowledge base. Some respite providers, for example, may have extensive experience with personal care or caring for someone with a specific diagnosis. When training the provider, the caregiver may also consider the person's learning style.

The Fiscal Intermediary Model

The FI is responsible for training the respite provider on its agency practices and policies, including the role of the FI, caregiver, and respite worker. Some FIs require additional training such as an employee orientation or education on a relevant topic. The AAA may also contract with the FI to provide additional training to respite providers.

IV. QUALITY AND RISK MANAGEMENT

Financial Considerations

Tax Considerations

Please refer to Section 22 of the [Self Directed Voucher Guide](#) developed by ARCH and Applied Self-Direction for information on tax considerations.

In addition to the information provided in the Self Directed Voucher Guide, please note that New York State may have additional tax requirements to consider. For more information on tax requirements in New York State please visit:

- <https://www.dol.gov/>.
- <https://www.tax.ny.gov/help/taxpayer-education/financial/5-filing-taxes-2.htm>
- <https://dol.ny.gov/independent-contractors>

Setting a Pay Rate

AAAs will have the discretion to determine whether they will require a specific minimum pay rate to be paid to respite providers or if they will leave the pay rate determination up to the caregiver. However, if the respite provider is hired through a respite provider agency, there may be an established pay rate required by that agency. The AAA may want to consider negotiating with respite provider agencies to ensure that the provider would receive a reasonable rate of pay. Please refer to Attachment B, for an example form that Genesee County uses to negotiate rates of pay with home care agencies. Respite providers must be paid at least the federal minimum wage, or state minimum wage if it is the higher of the two. In making this decision, AAAs should also consider whether they will be paying respite providers directly, or if the caregiver will be responsible for paying the respite provider. For wage information specific to New York State please visit:

- <https://dol.ny.gov/wages-and-hours-frequently-asked-questions>

Quality Assurance & Program Evaluation

Program evaluation processes are essential to the success and sustainability of a caregiver-directed service delivery model. Performing program evaluation allows the organization to determine how well the model is functioning and provides the knowledge

to implement informed changes to continuously improve the model as appropriate. Program evaluation is part of overall quality assurance methods that should be conducted to ensure the model is being implemented in a way that is beneficial to both the organization itself and the service recipients.

The first step in creating a program evaluation and quality assurance system is determining what aspects of the caregiver-directed service delivery model need to be evaluated. The organization should consider evaluating both the processes involved with operating the model (e.g., administering vouchers) as well as the intended outcomes of the model (e.g., improved caregiver well-being). Once it is determined what aspects of the model make the most sense to be evaluated, the organization should determine what data they should consider collecting (in addition to the required NFCSP data elements) in order to be able to evaluate these aspects. The organization should consider developing methods for collecting the applicable data specific to the caregiver-directed service delivery model and establish timeframes for how often this will occur. Possible methods may include surveys, collecting data on application forms, tracking data from caregiver assessments, interviews with program participants, tracking award usage and spending data, tracking website hits to measure outreach, caregiver satisfaction, etc. An example post-respite survey from NYSCRC is included in Attachment G.

Once the evaluation has occurred and data has been collected, this information should be reviewed and used to inform potential changes to the model. This will ensure continuous improvement of both the function and efficiency of the model, as well as how it is benefiting the caregiver.

Tracking Participation & Award Usage

It will be important for organizations and/or the FI/FMS to keep track of enrollment and continued participation by caregivers in the caregiver-directed service delivery model. This information can be used to inform outreach needs, as well as to ensure spending and distribution of funds are adequate. Additionally, if any caregivers are not using all of their funds or are discontinuing the use of the funds/voucher, the organization may want to look at why this is occurring and may want to check in with the caregivers as appropriate. It will also be important to impose an expiration date for which the funds/voucher must be used.

Monitoring

According to the NFCSP Standards, the AAA is required to oversee all directly and contractually delivered caregiver support services in compliance with the monitoring standards set forth by NYSOFA, including a review of the specifications for individual caregiver support programs. The AAA should implement a formalized monitoring process for the NFCSP, which will help assure the program's integrity and the achievement of the intended goals and outcomes.

V. FORMS

There are several different types of forms that the AAA may consider using to help administer their caregiver-directed respite care service delivery model. A description of these forms, in addition to example forms from other caregiver-directed respite models across the country are included as attachments and can also be found on the ARCH website at <https://archrespite.org/ta-center-for-respite/state-lifespan-respite-tools-examples-by-category/#>. These example forms can be used for reference by AAAs when developing their agency forms. Many of these example forms are for other states' Lifespan Respite Voucher Programs. The program requirements/information may vary from the NFCSP requirements. These forms are only examples and intended for reference purposes only.

Program Guidance/Requirements

This form can be used to convey important program information to the caregiver/public including a program description, important contact information, eligibility information, etc. It may also include general information describing what respite is or provide an explanation of caregiver-directed services. This form may also be used for marketing purposes.

Examples:

- South Carolina Respite Coalition (SCRC) Respite Voucher Program Form (Attachment C)
- North Carolina Lifespan Respite Voucher Program Form (Attachment D)
- Virginia Lifespan Respite Voucher Program Form (Attachment E)

Person-centered Planning Tool

This form/tool can be used with the caregiver to assist them in determining their respite needs utilizing a person-centered approach. For more information, please visit <https://www.lifecoursetools.com/>.

Example:

- ARCH My LifeCourse Respite Portfolio (Attachment F)

Survey

A survey can be administered to caregivers utilizing caregiver-directed respite to measure the effectiveness of the program, caregiver satisfaction, caregiver outcomes, and identify areas for program improvement.

Example:

- NYSCRC Post-Respite Care Satisfaction Survey (Attachment G)

Notice of Award Form (Voucher specific)

This form can be used to notify caregivers/families that they are eligible to receive funds

to use towards respite under the caregiver-directed respite program (specifically if utilizing a voucher model). It may also include contact information, next steps, options for respite, and program requirements, the amount awarded, and timeframes for using this money.

Examples:

- Montana Lifespan Respite Voucher Award Form (Attachment H)
- North Carolina Lifespan Respite Program Voucher Award Form (Attachment I)

Timesheet/Reimbursement Forms

This form intends to accurately track respite services rendered, rate of pay, etc. so that the respite provider can be paid by the administering AAA and/or so the caregiver may be reimbursed for funds already paid upfront to the respite provider. It is advised that both the respite provider and caregiver review and sign this form, agreeing upon the services that were provided.

Example:

- NYSCRC Kinship Caregiver Respite Voucher Program Check Request/Timesheet — Individual Respite Providers (Attachment J)

Respite Provider Agreement

This form can be used to establish expectations of the respite provider and establish agreement on the respite plan being provided for the caregiver and services that will be administered to the care receiver during the respite time. It may also include the agreed-upon, hours of service to be provided, where and when services will be provided, how the respite provider will be paid, etc.

Examples:

- North Carolina Lifespan Respite Program Respite Care Provider Agreement (Attachment K)
- NYSCRC Kinship Caregiver Respite Voucher Program Provider Contract (Attachment L)

Authorization Form

If utilizing a caregiver-directed respite model where the AAA contracts with specific providers to administer respite, this form can be used by the AAA to authorize respite services by those providers for caregiver-directed respite clients.

Example:

- Erie County Department of Senior Services Overnight Respite Referral Form (Attachment M)

If in the event the AAA develops and administers new forms, they must be in accordance with the requirements outlined in the NFCSP Standards.