SERVICE GUIDELINES
TITLE III-E Respite Assessments

December 2015

DEFINITION

Case Management: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

Caregiver: The term “family caregiver” means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

Care receiver: Person 60 or above, or under age 60 and has Alzheimer’s disease or related disorders with neurological and organic brain dysfunctions, who receives care because he/she is unable to complete two ADLs or is cognitively impaired.

ELIGIBILITY
Respite services are available to the Caregiver of a person 60 and older, or under 60 and has Alzheimer disease or a related disorder with neurological and organic brain dysfunction, who receives care because they are unable to complete 2ADLs or is cognitively impaired. The Caregiver must reside with the Care Receiver.

UNIT OF SERVICE
One contact equals one unit of service

SERVICE REQUIREMENTS
The Case Coordination Unit (CCU) is responsible for assessing an applicant’s needs and determining eligibility for respite care service.
• Initial Intake
Following a request for Respite services, the CCU will contact the caregiver within seven (7) business days to arrange an appointment for the In Home visit. The date and referral source for the request for respite service must be documented in the case notes. In cases where the caregiver cannot be contacted, the CCU should document their attempts.

• Assessment Process
The In Home visit will be conducted within five (5) business days from the date that the CCU contacted the applicant to arrange for an appointment. At the initial interview the case manager will utilize material found in the AgeSmart approved Assessment Packet, which includes the Care Receiver Registration Form, the MMSE, the Caregiver Registration Form, and the Respite Assessment Tool. Documentation of the home visit should be included in the case notes.

• When the applicant is found to be eligible for Respite Care, the case manager will notify the applicant at the time of the assessment. This assessment will be valid for one year. A Caregiver will be eligible for reimbursement of $100 a month for respite service through September 30, future funding after September 30, is contingent upon the availability of funds.

• At the time of the assessment the case manager will explain the program and assist the caregiver in determining the type of respite service that is best for their situation (in-home care, ADS, short term stay in a nursing home, senior companion, or independent workers, etc.) The case manager must document in case notes that they have **reviewed and left the following materials** with the caregiver:
  
  o Respite Care Assistance Program Design
  o Respite Care Assistance Program Guidelines (complete two, one for the caregiver and one for the file)
  o What are My Respite Needs? (complete with the caregiver)
  o Hiring Privately vs. Hiring Through an Organization
  o Instructions (most recent version) for completing the Respite Verification of Service Form (review instructions for correctly completing this form)
  o Blank Verification of Service Form (most recent version)
  o Paperwork for Caregiver to enroll in Direct Deposit for reimbursement payment, with explanation that AgeSmart will not be issuing paper check for Respite Program reimbursement
  o Informational material for obtaining a Criminal Background Check

• Ineligibility
If the assessment determines that the Caregiver and/or Care Receiver are ineligible for Respite Care, or refuses to participate in the assessment process, the case manager will notify the applicant at the time of the assessment. Documentation of ineligibility should be included in the case notes.
• **Monitoring**  
The CCU will monitor respite clients as needed, or as requested by the Area Agency on Aging staff. If there are any problems or questions, the case manager will work with the caregiver as needed.

• **Re-Assessment of Client Need/Eligibility**  
The CCU will need to perform a re-assessment after one year if the caregiver continues to need respite service and funding for the service is available. It is the responsibility of the CCU to determine when re-assessments are due and to ensure that the re-assessments are carried out in a timely manner. Re-assessment is performed to evaluate whether the need for service still exists. The CCU will complete the Respite Assessment Packet. If the participants are no longer eligible they will be notified at the conclusion of the assessment process. The CCU must also notify AgeSmart using the Notice of Service Termination form no later than four (4) working days following said determination. Documentation of the re-assessment visit should be included in the case notes.

• **Copies of initial assessments and re assessments will be forwarded to AgeSmart**

• **TERMINATION OF RESPITE SERVICE**  
Services will be discontinued if:

  o Care receiver/caregiver dies  
  o Care receiver/caregiver leaves the service area  
  o Care receiver/caregiver no longer meets the eligibility requirements  
  o Caregiver no longer needs the service or an alternative resource is providing the service to meet this need  
  o Care receiver/caregiver no longer wants the service  
  o Care receiver is admitted to a long-term care facility  
  o Respite service has not been used in 60 days unless a valid reason with AgeSmart approval.  
  o The Notice of Service Termination Form should be utilized and submitted to AgeSmart no later than four (4) working days following the termination of respite service.

• **Grantees will use the AgeSmart logo on facilities, webpages, newsletters and brochures. All logo and branding standards will be made available to Grantees. Along with branding the following statement must be used by Grantees:**

  o Funding for Grantee is received from the United States Administration for Community Living, the Illinois Department on Aging and AgeSmart Community Resources. Grantee does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have the right to file a complaint with AgeSmart Community Resources by calling 618-222-2561.

• **The Grantee shall conduct pre-employment criminal background checks for all employees of AgeSmart funded programs. The Grantee shall also conduct criminal background checks on volunteers participating in AgeSmart funded**
programs with access to confidential client information including, but not limited to addresses, social security numbers, financial info, etc.

**IDOA CASE MANAGEMENT SERVICE REQUIREMENTS**
- AgeSmart shall define the Title III client population for case management services, including the target population for service provision and eligibility requirements (if applicable).
- Client contribution/donation procedures for case management services must be clearly delineated.
- Case management supervisors and case managers must meet the education and experience standards contained in 89 Illinois Administrative Code 220.605.

**CASE MANAGEMENT AWARD & ORGANIZATIONAL STANDARDS**
- Refer to Illinois Administrative Code 220.600

**TARGET POPULATION**
Caregivers (who meet definition) residing within PSA 8. Priority will be given to those with the greatest economic and social need.

**REIMBURSEMENT**
The Grantee will be paid after the submission of a monthly report. **Should reporting be late, reimbursement may be withheld.**
Fiscal Guidelines for all Title-III Programs

Program Income

Program Income is defined as contributions made by recipients of service and interest on such contributions.

A. Program income includes, but is not limited to:
   1. Contributions of recipients of service and interest on such contributions.
   2. Income from service fees obtained through the use of a sliding fee scale or suggested fee schedule.
   3. Proceeds from the sale of personal or real property with an acquisition cost of less than $5,000.
   4. Usage or rental fees.
   5. Sale of assets purchased with grant funds with an acquisition cost of less than $5,000.
   6. Royalties on patents and copyrights.

B. The following specific revenues shall not be included as program income:
   1. Interest income on State funds whether earned on advances or the "float". This does not include interest on contributions made by recipients of service under a project which is considered program income.
   2. Rebates, discounts, and recoveries.
   3. Income earned by individuals or a group of project participants, when such income accrues directly to the participants.
   4. Revenues raised by a grantee or contractor which is a government under its governing powers, such as taxes, special assessments, etc.
   5. Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee performing under a grant or contract.
   6. Proceeds from the sale of personal or real property with an acquisition cost of more than $5,000.
   7. Sale of assets purchased with grant funds where the acquisition cost was more than $5,000.
   8. Contributions made by representatives of service recipients, relatives, non-related individuals or entities, in behalf of service recipients are not program income, but are considered to be local cash.
   9. Organized fund raising activities carried out by Title III grantee agencies.

Allowable Uses of Program Income

A. Additional Costs Alternative.

Under this alternative, the income is used for costs which are in addition to the allowable costs of the project or program but which nevertheless further the objectives of the Federal statute under which the grant was made.
Examples of purposes for which the income may be used are:

1. Expanding the program.
2. Continuing the program after grant ends.
3. Supporting other programs that further the broad objectives of the statute.
4. Obtaining equipment or other assets needed for the program or for other activities that further the statute’s objectives.

Award recipients under an Area Plan must receive prior approval by the Area Agency on Aging for costs borne with program income under this alternative.

B. Additional Requirements

1. All program income earned under Title III must stay with the service provider who earns it.
2. All program income earned under Title III, Part B, Part C-1, Part C-2 and Part E must be used only for services allowable under the part from which it was earned except as provided in (6) below.
3. All program income must be expended prior to requesting federal funds from the Department on Aging and must be expended within the fiscal year in which it was earned.
4. All program income received in the form of “cash” must be expended as it is earned to minimize cash draw down.
5. Program income earned as a result of services provided with Title III, Part B or Part E assistance may be used for any service which that contractor is authorized to provide with Title III-B or Title III-E funds.
6. Program income earned as a result of services provided with Title III C-1 or III C-2 must be used:
   a. To increase the number of meals served by the project involved,
   b. To facilitate access to such meals, or,
   c. To provide other supportive services directly related to nutrition services.
7. Prior approval requests to expend program income in excess of the amount approved on the Notification of Grant Award must be submitted on the Program Income Addendum to the Department by no later than prior to September 30th of the current fiscal year (refer to section 900 of this manual for detailed reporting requirements).

C. Special Requirements for Providers Receiving Section 5311 Funds from the U.S. Department of Transportation

All transportation providers receiving support from Section 5311 and Title III-B and/or Title III-E must report rider donations as program income. Program income collected should be reported under Section 5311 and Title III-B and/or Title III-E only to the extent and in direct proportion to each funding source’s financial participation. Thus, the same rider donations shall not be reported in the same amount as program income under both funding sources.

Accountability for Program Income
A. Program income must be deposited into an appropriate bank account or converted to money orders on a regular basis.

B. Cash participant contributions should be counted by two (2) persons, placed in a safe, secure place until deposited, deposited intact, and deposit receipts compared with count sheets. Such standards require the accurate recording of amounts collected at the project and site levels and subsequent use of these funds.

C. Grantees must account for program income on an on-going basis, and must report such income to the Area Agency on Aging through the established financial reporting system.

D. Accounting records and reports submitted by a recipient to the Area Agency on Aging should provide a clear audit trail on all program income and its uses. Account records and reports should accurately reflect the receipt of such funds separately from the receipt of Federal funds, grantee funds, and the use of such resources.

E. Although interest income earned on General Revenue and/or local funds by non-profit organizations is not considered program income, project grantees should maintain adequate accounting records on any interest income earned. The Department must approve the Area Agency on Aging’s proposed use of General Revenue Funding interest income as an activity which will further the purpose of the project and the Act.

F. Rebates, discounts, and recoveries on leases should be treated as applicable credits and credited to the Federal grant accounts.

**Voluntary Contributions**

Each service provider must:

1. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;

2. Protect the privacy of each older person with respect to his or her contribution;

3. Establish appropriate procedures to safeguard and account for all contributions; and

4. Use all contributions to expand the services of the provider under this part and supplement (not supplant) funds received under the Older Americans Act.

The service providers that receive funds under this part shall not means test for any service for which contributions are accepted or shall not deny any older person service because the older person will not or cannot contribute to the cost of service. Contributions made by older persons are considered program income.