PART II

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
OUT OF HOME RESPITE SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

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Policy Revision Record
[from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
1/1/2026	N/A	No Changes made in this Quarter	N/A	N/A
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7/1/2025	1503.4	Required Forms for HCBS Settings Rule	A	CMS
04/01/2025	1503	Home and Community Based Final Setting Rule Requirements	A	CMS
01/01/2025	N/A	No Changes made in this Quarter	N/A	N/A

[1] The revisions outlined in this Table are from 2024 to current. For revisions prior to 2024, please see prior versions of the policy.

PREFACE

Policies and procedures in this Chapter apply to all Out-of-Home Respite Care Services providers. This Chapter must be used along with the manuals listed below.

Part I – Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II – Chapters 600 Policies and Procedures for CCSP and SOURCE General Services Manual

1501. Out of Home Respite Services

Out-of-Home Respite (RC) is a service that provides temporary relief to the caregiver(s) responsible for performing or managing the care of a functionally impaired person. Respite Care workers provide only non-skilled tasks and services that are normally provided by the caregiver specifically for the respite care client. Respite Care is provided in an out-of-home respite care setting approved by the EDWP CCSP/SOURCE Unit.

1501.1. Purpose of Out-of-Home Respite Care

1501.1.1. To enable the caregiver to meet planned or emergency needs of the family or to take a needed rest. The active support of the caregiver may delay or prevent institutionalization of the client.

1501.1.2. To provide clients with non-skilled care that may increase opportunities for socialization.

1501.2. Usages of Out-of-Home Respite Care

1501.2.1. Appropriate Usage of Out-of-Home Respite Care

1501.2.1.1. Out-of-Home Respite Care is appropriate for the individual who, due to functional limitation, cannot be safely left alone in the home and who is generally dependent upon a caregiver for personal care/or the daily maintenance of a clean, safe environment.

1501.2.1.2. When Out-of-Home Respite Care can meet the client's needs and those of the caregiver.

Note: Personal Support Services and Out-of-Home Respite Care Services may be provided on the same day, if necessary.

Note: If a service agreement or contract is required to be signed by the client, the agreement contract must be approved by the Division.

1502. General Policies/Standards

1502.1. Provider agency staff members must alert the EDWP CCSP/SOURCE care coordinator if additional services are needed.

1502.2. Contributions are not to be solicited from EDWP CCSP/SOURCE clients. The EDWP CCSP/SOURCE client is only responsible for any cost share determined by the Department of Family and Children Services (DFCS).

1502.3. Clients must meet EDWP CCSP/SOURCE eligibility requirements.

1503. Home and Community Based Final Setting Rule Requirements

1503.1. Overview of the Settings Provision The final rule requires that all home and community-based settings meet certain qualifications.

1503.1.1. The setting is integrated in and supports full access to the greater community.

1503.1.2. Is selected by the individual from among setting options.

1503.1.3. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

1503.1.4. Optimizes autonomy and independence in making life choices.

1503.1.5. Facilitates choice regarding services and who provides them.

1503.2. The final setting rule also includes additional requirements for provider-owned or controlled home and community-based residential settings.

1503.2.1. The individual has a lease or other legally enforceable agreement providing similar protections.

1503.2.2. The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.

1503.2.3. The individual controls his/her own schedule including access to food at any time.

1503.2.4. The individual can have visitors at any time.

1503.2.5. The setting is physically accessible

1503.3. Person-Centered Planning

The Final rule specifies that service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals. The rules require that the person-centered planning process is directed by the individual with long-term support needs and may include a representative that the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences, including those related community participation, employment, income and savings, health care and wellness, education, and others.

The plan should reflect the services and supports (paid and unpaid), who provides

them and whether an individual chooses to self-direct services. This planning process, and the resulting person-centered service plan, will assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare. CMS will provide future guidance regarding the process for operationalizing person-centered planning for states to bring their programs into compliance.

1503.4. Forms Required under HCBS Settings Rule

1503.4.1. Member Questionnaire (Appendix HH in General Services manual)

1503.4.2. Person Centered Care Plan Template (Appendix II in General Services manual)

1503.4.3. Community Integration Plan Template (Appendix JJ in General Services manual)

NOTE: All forms to be completed quarterly by service provider.

Templates may be modified for formatting purposes; however, all required content, and information must be retained in its entirety.

1504. Emergency Procedures/ Information

1504.1. All provider staff members must be provided with orientation and written procedures for dealing with medical emergencies of EDWP CCSP/SOURCE clients. The provider agency's policy must outline how emergency personnel are contacted, the order of persons to be notified, and reports to be prepared.

1505. Medical Supervision of the Client's Care

1505.1. All Respite Care Services must be supervised by a Registered Nurse. Refer to the EDWP CCSP/SOURCE General Manual for general policies and requirements related to supervision of EDWP CCSP/SOURCE services.

1505.2. Supervisory visit notes should include all required documentation reflected in the EDWP CCSP/SOURCE General Manual

Note: Family model personal care homes (2-6 beds) may not enroll as independent out-of-home respite care providers.

Note: ALS, ADH and Out-of-Home Respite Care providers are to designate an area that can be used for private and confidential interviews with the client.

1506. Client Services Documentation

1506.1. The RC Worker completes a Client Service Information Form at the time RC is provided. (See Appendix B of this manual for an example.)

1506.2. Copies of the monthly service forms must be maintained in the provider's files as a record of the services rendered to the client.

1506.3. RC tasks are based on the client's Comprehensive Care Plan and the client care plan.

1506.4. The RN supervisor must complete and review progress notes regarding any interventions made on behalf of the EDWP CCSP/SOURCE client.

1506.5. The RC supervisor is responsible for communicating with the client's care coordinator as appropriate.

1507. Clinical Records

1507.1. Refer to the EDWP CCSP/SOURCE General Manual

1508. Food and Nutrition

1508.1. If the client is receiving out-of-home respite care at mealtimes, the facility provides the client's meals and snacks. Meal costs are included in the reimbursement rate for out-of-home respite.

1508.2. Meals must meet the client's medical needs in both content and preparation as outlined in the initial assessment or reassessment.

1508.3. Dietary restrictions and special requirements must be followed.

1509. Hours of Operation

1509.1. The Out-of-Home Respite facility must designate in writing responsible staff on the premises 24 hours a day or during all times clients are in the facility.

1510. Limited Monitoring of Medications

1510.1. Refer to the EDWP CCSP/SOURCE General Manual.

Note: The Out-of-Home Respite facility must store the client's medications under lock and key.

1511. Infection Control

1511.1. Written policies and procedures in infection control and aseptic and isolation techniques must be prepared by the provider agency and followed by workers. Workers must be trained in these techniques. The procedures must be reviewed annually and revised as needed for continued effectiveness.

1512. Out-of-Home Respite Visits

1512.1. Out-of-home Overnight Respite

This Respite Care requires an out-of- home stay of twelve (12) hours or more (overnight). A visit begins at the time the client enters an out-of- home facility for Respite Care and ends 24 hours later. As for ALS Services, bill for the date of

admission but not the date of discharge.

1512.2. Out-of-Home Hourly Respite

Out-of-Home Respite is provided for a stay of from three hours to twelve hours.

Note: Overnight respite and hourly respite can't be billed for the same date.

Out-of-Home Respite service units may be taken in sequence in order to allow the caregiver several consecutive days of relief. The care coordinator, client caregiver(s), and provider may make specific arrangements for scheduling RC visits. The care coordinator documents the Out-of-home RC arrangements in the Plan of Care.

1513. Activities Associated with Out-of-Home Respite Care

1513.1. Appropriate Respite Care Duties:

1513.1.1. Preparing meals

1513.1.2. Assisting with eating

1513.1.3. Assisting with walking

1513.1.4. Encouraging physical activity

1513.1.5. Observing and reporting changes in client's condition

1513.1.6. Reminding client to take medications

1513.1.7. Assisting with self-administration of medications

1513.1.8. Applying first aid in case of sudden illness or accident

1513.1.9. Documenting client's liquid intake/output

1513.1.10. Bathing (tub, shower, or bed)

1513.1.11. Providing routine skin and hair care

1513.1.12. Providing general mouth care (includes dentures)

1513.1.13. Grooming and shampooing hair

1513.1.14. Filing nails (no clipping or cuticle cutting)

1513.1.15. Assisting with dressing

1513.1.16. Assisting with toileting

1513.1.17. Giving client a back rub

1513.1.18. Assisting with transfers in and out of bed, chair, and/or wheelchair

1514. Out-of-Home Respite Care Client Conditions

1514.1. The following conditions are used as a guide for determining the need for Out- of-Home Respite care:

1514.1.1. Client does not have a history of unstable medical condition(s)

1514.1.2. Client may be non-ambulatory

1514.1.3. Client may require assistance with transfers

1514.1.4. Client may require watchful supervision due to confusion or other illness, and/or may require personal care

1514.1.5. The need for caregiver relief must be sufficient to warrant at least three (3) hours of RC service per visit.

1514.1.6. Client may require basic assistance with range of motion, but aides may not assist with exercises prescribed by a physician or physical therapist

1515. Qualifications and Responsibilities of Staff

1515.1. Registered Nurse Supervisor

1515.1.1. Qualifications:

1515.1.1.1. Current license to practice as a registered nurse in Georgia.

1515.1.1.2. Two years of experience in home health services or a related field preferred. Experience with older persons or aging programs is recommended.

1515.1.1.3. Knowledge of current methods for providing personal care. Ability to supervise and coordinate the work of others, to evaluate situations and make decisions and to communicate and deal effectively with others.

1515.2. RN Supervisor Responsibilities

1515.2.1. Responsibilities:

1515.2.1.1. Review referrals from EDWP CCSP/SOURCE care coordinator, evaluate the client's needs during initial visit and subsequent visits and identify the appropriate staff to provide the care needed.

1515.2.1.2. Develop and revise client care plan as appropriate

and review, initial and date the content at least every 2 months.

1515.2.1.3. Supervise RC workers, review, initial and date the Client Service Form.

1515.2.1.4. Prepare progress notes; review, initial and date progress note entries by other staff and instruct staff on progress note protocol. Provide follow up on problems identified.

1515.2.1.5. Communicate with care coordinators, other EDWP CCSP/SOURCE providers, family and/or other caregivers.

1515.2.1.6. Make appropriate recommendations to EDWP CCSP/SOURCE care coordinators for clients needing additional services.

1515.2.1.7. Arrange for initial orientation and in-service training of staff.

1515.2.1.8. Conduct face-to-face supervisory visits to reevaluate the client at least every 2 months (60 - 62 days).

1515.3. Respite Care Worker

1515.3.1. Qualifications:

1515.3.1.1. High school diploma preferred, but educational requirements may be waived if applicant has the ability to follow written and verbal instructions and complete reports.

1515.3.1.2. Prefer at least one year experience in caring for elderly or disabled persons.

1515.3.1.3. Must be flexible and tolerant of varied lifestyles, must be able to work under supervision and within the guidelines of a care plan; must be in good health

1515.3.2. Responsibilities:

1515.3.2.1. Provide or assist with any of the appropriate activities listed for Respite Care in Section 1502.

1515.3.2.2. Encourage client to make decisions and to remain as independent as possible.

1515.3.2.3. Encourage family members to be involved and responsible for care of the client.

1515.3.2.4. Report changes in client's condition to the RN supervisor.

1515.3.2.5. Maintain progress notes indicating changes in the client's condition, problems that hinder service delivery and additional needs of the client. See the EDWP CCSP/SOURCE General Manual for information on progress notes.

1515.3.2.6. Complete the Client Service Form for each visit.

1515.3.2.7. Apply information acquired through training.

1516. Staff Development and Training

1516.1. Orientation for All New Staff:

All staff, subcontractors and volunteers must complete orientation prior to their providing services to members. The initial orientation includes the agency's policies and procedures and an overview of the EDWP CCSP/SOURCE. (Refer to the Alternative Living Services Manual and the Personal Support Services Manual for training topics).

1516.2. Additional topics for orientation include:

1516.2.1. How to give personal care

1516.2.2. How to assist individuals with transfers

1516.2.3. Observation skills

1516.2.4. Infection control

1516.2.5. Understanding basic human needs and behavior

1516.2.6. Documentation

1516.2.7. Reporting issues to the supervisor

1516.2.8. Basic nutrition and meal planning

All staff, subcontractors and volunteers must complete certification and/or training in CPR and basic first aid within the first sixty (60) days of employment.

Providers are required to evaluate the training, experience and competency of new employees, subcontractors, and volunteers. The provider will maintain a record of the orientation training that each employee, subcontractor, and volunteer receive.

1516.3. In-Service Training

In addition to the orientation for new workers, the provider is required to provide at least eight (8) hours of continuing education per calendar year for each employee, subcontractor, and volunteer.

Refer to the Alternative Living Services Manual and the Personal Support Services Manual for training topics

NOTE: When RC is provided in an Alternative Living Services (ALS) facility, the provider is required to provide at least 16 hours of continuing education per year. Refer to Rules and Regulations for Personal Care Homes, Chapter 290-5-35.

1517. Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff person. The provider maintains available evidence to demonstrate that the provider reviews, analyzes, and uses the results of program evaluations to improve the quality of services. (Refer the EDWP CCSP/SOURCE General Manual).

1517.1. At a minimum, program evaluation includes, but is not limited to:

1517.1.1. Customer satisfaction as indicated by the measurement of:

1517.1.1.1. Staff responsiveness to member's needs

1517.1.1.2. Timeliness

1517.1.1.3. Sensitivity to cultural differences

1517.1.1.4. Staff respect for member's rights, choices, privacy, dignity, and property and protection from harm and exploitation

1517.1.1.5. Staff attitude and courtesy

1517.1.1.6. Staff competency in performing assigned tasks

1517.1.2. Policies and procedures – The provider reviews agency policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

1517.1.3. Clinical records – The provider monitors and reviews clinical records to insure they contain current, required information.

1518. Reimbursement

Refer to the EDWP CCSP/SOURCE General Manual, Basis for Reimbursement, and Appendix S for rates and procedure codes.

Appendix A
Permission to Obtain Emergency Medical Treatment

Client's Name: _____

Provider's Name: _____

I authorize the above-named service provider to obtain emergency medical treatment that I might require while provider staff is rendering services. In authorizing such treatment, I agree to pay all costs related to the medical care, including the cost associated with emergency transportation. I understand that in case of emergency the persons I designated as "Emergency Contacts" will be notified immediately.

_____ _____
Client's Signature Date

_____ _____
Authorized Representative's Signature (where applicable) Date

Appendix B
Out-Of-Home Respite Care: Client Service Record

COMMUNITY CARE SERVICES PROGRAM
GEORGIA DEPARTMENT OF HUMAN SERVICES

OUT-OF-HOME RESPITE CARE
CLIENT SERVICE RECORD

Provider: _____

Client Name: _____ Month/Year: _____

Medicaid #: _____ _____

Registered Nurse		Services Provided by Respite Care Worker																														RC Worker's Initials
Services Needed	Frequency	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dressing/Grooming																																		
Bathing																																		
Toileting																																		
Hair																																		
Shaving																																		
Oral Hygiene																																		
Assistance with Medication																																		
Exercising																																		
Ambulation																																		
Eating																																		
Special Diet																																		
Regular Diet																																		
Breakfast																																		
Lunch																																		
Dinner																																		
Snack(s)																																		
Other (Specify)																																		
Arrival Time																																		
Departure Time																																		
Total Service Hours																																		

RN Signature: _____ Date: _____