

Adopt He-E 503, previously effective 5-21-19 (Document #12781, Interim), and expired 11-18-19, cited and to read as follows:

PART He-E 503 ALZHEIMER'S RESPITE CARE SERVICE

Statutory Authority: RSA 161-F:67

He-E 503.01 Purpose. The purpose of the respite care described in this rule is to provide temporary rest and relief to the primary caregiver from the demands of care provided to a person with Alzheimer's disease or a related disorder at home.

He-E 503.02 Definitions.

- (a) "Adult" means an individual age 18 and older.
- (b) "Alzheimer's disease and related disorders (ADRD)," means "ADRD" as defined in RSA 161-F:66, I."
- (c) "Adult day program" means a facility licensed under RSA 151 and He-P 818.
- (d) "Bureau" means the New Hampshire department of health and human services bureau of elderly and adult services.
- (e) "Contract agency" means the agency contracted with the bureau to coordinate ADRD respite care services in accordance with He-E 503.
- (f) "Department" means the New Hampshire department of health and human services.
- (g) "Eligible person", pursuant to RSA 161-F:66, II, means an adult who is unable to attend to personal daily needs without the assistance or continuous supervision of a primary caregiver due to ADRD.
- (h) "Financial management services agency" means a contract agency that performs human resources and financial functions in accordance with He-E 503.08.
- (i) "Home health agency" means agencies licensed to provide home health care pursuant to He-P 809 or He-P 822 or certified as another qualified agency pursuant to He-P 601.
- (j) "Nursing facility" means an institution or distinct part of an institution that meets the requirements of Section 1919 of the Social Security Act 42 USC 1396r.
- (k) "Person-centered respite care plan" means a plan in which the primary caregiver is the center of the system of care and the primary caregiver's needs and preferences drive the development and implementation of the respite care services provided.
- (l) "Primary caregiver" pursuant to RSA 161-F:66, III, means the family member or other natural person who normally provides the home care and supervision of a victim of ADRD.
- (m) "Residential care facility" means a facility providing assistance with personal and social activities at one of the levels of care described in RSA 151:9, VII and VIII, He-P 804, and He-P 805.
- (n) "Respite care budget" means the amount of funding that is allocated to a primary caregiver from state general funds allocated to ADRD as part of the state budget.
- (o) "Respite care provider" means the entity or the individual chosen by the primary caregiver to provide ADRD respite care services.

(p) “Respite care services” pursuant to RSA 161-F:66, IV means care provided on an intermittent basis to the eligible person to relieve the primary caregiver from the demands of home care for a limited period of time.

(q) “Spending plan” means a plan developed by the contract agency and primary caregiver to ensure the primary caregiver’s needs are met and the entire respite care budget is spent each fiscal year.

(r) “Waitlist” means a list of individuals with ADRD maintained by the contract agency who have been determined eligible, and in need of ADRD respite care services from a contract agency, but the agency does not have sufficient service units or resources to serve these individuals.

He-E 503.03 Eligibility.

(a) To be eligible to receive ADRD respite care services, the individual requesting respite services shall be:

- (1) The primary caregiver as defined in He-E 503.02(1); and
 - (2) Providing unpaid care 24 hours per day, 7 days per week to an individual with ADRD.
- (b) The individual receiving ADRD respite care services shall be an adult who:
- (1) Is unable to attend to his or her daily needs without the assistance or continuous supervision of a primary caregiver due to the impacts of ADRD.
 - (2) Is not receiving respite services paid through any of the following sources:
 - a. A medicaid waiver program;
 - b. The department of veterans affairs; or
 - c. Any other program.

He-E 503.04 Person Centered Respite Care Plan

(a) If the eligibility requirements in He-E 503.03 are met, the primary caregiver and contract agency shall collaborate to complete and develop the following:

- (1) An assessment in accordance with (b) below;
 - (2) A person-centered respite care plan; and
 - (3) A respite care budget in accordance with (e) and (f) below.
- (b) The assessment shall include the following information:
- (1) The primary caregiver’s name, address, and telephone number;
 - (2) The name of the eligible person;
 - (3) The relationship of the primary caregiver to the eligible person;
 - (4) Confirmation that the eligible person:
 - a. Has received a differential diagnosis of Alzheimer’s disease or a similar irreversible dementia; or

b. Demonstrates symptoms of Alzheimer's disease or a similar irreversible dementia;
and

(5) The primary caregiver's statement of the eligible person's need for respite services.

(c) If the assessment indicates that the eligibility requirements for ADRD respite service, as described in He-E 503.03, are not met, the contract agency shall assist the primary caregiver to identify and explore other helpful resources, such as the social service block grant or choices for independence programs.

(d) The person-centered respite care plan shall be based on the completed assessment described in (b) above.

(e) The primary caregiver and the contract agency shall work to develop the respite care budget based on the needs identified in (b)(5) above.

(f) To ensure as many primary caregivers as possible receive respite, the respite care budget shall not exceed \$2000 per primary caregiver annually.

(g) The contract agency shall review the person-centered respite care plan and respite care budget with the primary caregiver annually to determine the ongoing respite care service needs.

He-E 503.05 ADRD Respite Settings.

(a) ADRD respite care services shall be provided in the following settings:

- (1) A home setting;
- (2) A community setting, such as a licensed adult day program; or
- (3) A licensed nursing or residential care facility.

(b) ADRD respite care services shall be provided by:

- (1) Nursing facilities;
- (2) Residential care facilities;
- (3) Home health agencies;
- (4) Adult day programs; or
- (5) Individuals employed by a contracted financial management services agency as described in He- E 503.08(a).

He-E 503.06 Contract Agency Requirements.

(a) The contract agency shall:

- (1) Receive inquiries and determine eligibility for ADRD respite services pursuant to He-E 503.03;
- (2) Develop, in collaboration with the primary caregiver:
 - a. A person centered respite care plan and respite care budget as described in He-E 503.04; and

b. A spending plan in accordance with He-E 503.07 below;

(3) Identify the primary caregiver's choice for a respite setting as described in He-E 503.05; and

(4) Review and modify the ADRD respite plan and respite care budget with the primary caregiver on an annual basis or more frequently if necessary to meet the primary caregiver's needs.

He-E 503.07 ADRD Spending Plan.

(a) ADRD respite services shall be limited to the extent that funds, staff, or other necessary resources are available.

(b) The contract agency shall forward the respite care budget and spending plan to the financial management services agency.

(c) The financial management services agency shall pay invoices in accordance with the respite caregiver and spending plan.

He-E 503.08 Financial Management Services.

(a) The financial management services agency shall perform the following human resources functions for individuals working as respite providers:

(1) Be the employer of record;

(2) Complete tax, labor, and social security documents;

(3) Verify the individual's citizenship or that the individual is legally authorized to work in the United States;

(4) Request a New Hampshire criminal records background check;

(5) Request a BEAS state registry check in accordance with RSA 161-F:49; and

(6) Manage timesheets.

(b) The financial management services agency shall perform the following financial management functions for individual respite care providers, primary caregivers, and the eligible person:

(1) Manage and pay invoices for each primary caregiver's respite care budget and spending plan;

(2) Monitor respite care budgets allocated to primary caregivers; and

(3) Provide each contract agency with a monthly statement showing expenditures of ADRD funds by primary caregivers and any remaining balances.

He-E 503.09 Waitlist.

(a) The contract agency shall develop a waitlist of eligible primary caregivers when funding, staff, or other necessary resources are not available to support the provision of respite services.

(b) The contract agency shall prioritize participants on the waitlist using the following criteria:

- (1) The declining mental or physical health of the primary caregiver;
- (2) The economic need of the primary caregiver or the individual with ADRD; and
- (3) An increase in the primary caregiver's responsibilities.

He-E 503.10 Waivers.

(a) Contract agencies who wish to request a waiver of a requirement contained in He-E 503 shall submit a letter to the bureau on the contract agency's letterhead through one or more of the following means:

- (1) E-mail to beas@dhhs.nh.gov;
- (2) Fax to (603) 271-4643; or
- (3) Mail by postal mail to:

The NH Department of Health and Human Services
Bureau of Elderly and Adult Services
105 Pleasant St., Main Building
Concord, NH 03301

(b) The waiver request shall be signed by the contract agency's executive director or designee and shall include:

- (1) The specific requirement in He-E 503 that the contract agency requests be waived;
- (2) The reason why the waiver is being requested; and
- (3) The alternative proposed by the contract agency to satisfy the requirements of He-E 503.

(c) The department shall review the request, and within 60 calendar days of the date the request was received, inform the contract agency in writing of the decision.

(d) The waiver request shall be approved if the alternative proposed by the contract agency meets the intent of He-E 503 and does not:

- (1) Negatively impact the health or safety of the eligible person or the primary caregiver;
- (2) Affect the quality of services provided; or
- (3) Waive any provision or procedure in statute.

(e) Waivers that are approved shall become effective as of the date of the written approval in accordance with He-E 503.10(c) above.

(f) Waivers that relate to the health, safety, or welfare of eligible persons or primary caregivers shall be effective for the remaining period of the primary caregiver's eligibility period and subject to the primary caregiver's continued eligibility.

(g) Contract agencies who wish to request a renewal of a waiver shall request a renewal at least 90 calendar days prior to the expiration of a current waiver by following the steps contained in He-E 503.10 (a) through (e) above.

(h) Any waiver shall end with the closure of the program or applicable service.

APPENDIX

Rule	Specific State or Federal Statutes or Regulations the Rule Implements
He-E 503.01	RSA 161-F:65
He-E 503.02	RSA 161-F:66
He-E 503.03	RSA 161-F:70,II
He-E 503.04	RSA 161-F:70,V,VI
He-E 503.05	RSA 161-F:65-70
He-E 503.06	RSA 161-F:69; RSA 161-F:67; RSA 161-F:70, VII
He-E 503.07	RSA 161-F: 67
He-E 503.08	RSA 161-F:70, VII