

## Transmittal

### Respite Care in Assisted Living Programs

**Background:** The current requirements adopted under Code of Maryland Regulations (COMAR) 10.07.14 use the definition of Short-Term Residential Care found at 10.07.14.02B(73) and the pre-admission requirements of 10.07.14.21E to envision the delivery of respite in weekly or monthly blocks of time. This format is convenient for family vacations and business trips where the admission for respite is likely a one-time event. However, it appears upon further consideration, that the concept of respite as being provided in discrete blocks of time may have led to a needless narrowing of our perspective. Regardless of how respite may be used, we need to keep in mind that one of its primary objectives is to prevent premature permanent placement in a long term care setting. Flexibility in the use of respite care would seem mutually beneficial to all involved and there is sufficient discretion bestowed upon the Office of Health Care Quality's (OHCQ) ability to waive regulation to promote this accommodation in care. The modification to the existing policy on respite care described below shall not interfere with the contractual relationship for payment entered into by the parties.

**Policy modification:** There is no longer a need to artificially cap the number of respite care days accumulated in any one calendar year. The OHCQ remains open to arrangements where respite care may, as an example, be provided to the same consumer by the same licensee each and every weekend throughout the year. Clearly there are many other configurations of respite care that reflect the varying needs of consumers and their families, and it is our wish to establish an internal and transparent review process to determine

appropriateness of placement with an identified licensee. To accomplish this, the OHCQ needs to consider: (1) the licensee's plan for assessment of the resident; (2) how the licensee intends to staff the home to meet the special needs noted on the assessment; (3) whether the needs of the respite admission have been communicated to the home's delegating registered nurse; (4) whether the delegating registered nurse believes the licensee is capable of meeting the identified respite care needs; (5) and how staff who are responsible for direct care and medication management will be instructed and updated regarding their responsibilities toward the 'respite resident'. OHCQ will not permit beds to be shared by respite and non-respite residents.

**Implementation:** Should the licensee wish to offer respite in a format outside the 30-day window currently prescribed in the regulation, a written request should immediately be made to the Office of Health Care Quality and directed to the attention of Nancy Grimm, Director, OHCQ. OHCQ will promptly contact the licensee to obtain information related to the above- stated considerations and to obtain any other information necessary to render a prompt decision on the waiver of regulation. To facilitate analysis of the specific case, the licensee should forward to OHCQ their respite care plan incorporating answers to the identified concerns.