

481—69.39(231C) Respite care services. “Respite care services” means an organized program of temporary supportive care provided for 24 hours or more to a person in order to relieve the usual caregiver of the person from providing continual care to the person, or on request of the tenant as a trial of the program. An assisted living program that chooses to provide respite care services must meet the following requirements related to respite care services and be certified as an assisted living program.

69.39(1) *Length of stay.* Respite care services will be provided for no more than 30 consecutive days and for a total of no more than 60 days in a consecutive 12-month period beginning on the first day the individual stays in the program.

69.39(2) *No separate certificate.* An assisted living program that chooses to provide respite care services is not required to obtain a separate certificate or pay a certification fee.

69.39(3) *Assessment.* The program nurse will assess the individual prior to the individual’s stay and will document:

- a. Safety and supervision needs;
- b. Medical needs;
- c. Dietary needs;
- d. Bowel and bladder function.

69.39(4) *Written direction to staff.* The program nurse will document the care needs of the individual based on the assessment conducted pursuant to subrule 69.39(3) and provide the documentation to staff.

69.39(5) *Involuntary termination of respite care services.* The program may terminate the respite care services for the individual. Rule 481—69.24(231C) will not apply. The program will make proper arrangements for the welfare of the individual prior to involuntary termination of respite care services, including notification of the individual’s family or legal representative.

69.39(6) *Contract.* The program will have a contract with each individual, including:

- a. The time period during which the individual will be considered to be receiving respite care services, not to exceed 30 consecutive days.
- b. A description of all fees, charges, and rates for respite care services, and any additional and optional services and their related costs.
- c. A statement that respite care services may be involuntarily terminated. Rule 481—69.24(231C) will not apply.
- d. Identification of the party responsible for payment of fees and identification of the respite care individual’s legal representative, if any.
- e. Identification of emergency contacts, including but not limited to the individual’s family member(s) and physician.
- f. A statement that all individual information will be maintained in a confidential manner to the extent required under state and federal law.
- g. The refund policy, if applicable.
- h. A statement regarding billing and payment procedures.

69.39(7) *Admission to program.*

- a. Individuals receiving respite care will not be considered an admission to the program.
- b. Individuals receiving respite care will be included in the program’s census.
- c. The program will not enter into multiple 30-day contracts with an individual receiving respite care in order to lengthen the individual’s stay in the program.
- d. If an individual receiving respite care remains in the program beyond 30 consecutive days and is eligible for admission, the department will consider the individual a tenant in the program. The program will follow all requirements for admission to the program.

69.39(8) *Level of care criteria.* Individuals receiving respite care must meet the criteria found in subrule 69.23(1) for admission and retention of tenants. Respite care services will not be provided by an assisted living program to persons requiring a level of care that is higher than the level of care the program is certified to provide.

69.39(9) *Accessibility by the department.* The department shall have the same access to respite care services records as provided in 481—subrule 67.10(2).