



ReCharge

A free respite program
for Alzheimer's caregivers

Program Manual

Alzheimer's | SAN DIEGO

Acknowledgements

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Purpose of this program guide

This program guide is meant to provide information regarding the development and implementation of a community-based respite program in San Diego County. Alzheimer's San Diego is happy to assist like-minded organizations who may be considering a similar program for their community. This program guide does not intend to provide any legal advice.

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Program Overview

At Alzheimer's San Diego, we understand that caring for someone with dementia can be a difficult and demanding job. In addition to information and support, families need the opportunity to step away from care responsibilities. For many, this is not easy to coordinate, and the costs involved can often make it impossible.

Funded through a grant partnership with County of San Diego's Aging and Independence Services, the ReCharge respite program expands access to high-quality care, making respite a reality for families who may otherwise have little/no opportunity to take a much-needed break. Eligible families receive a one-time gift/award to cover the cost respite with the provider of their choice as well as expert consultation and ongoing support.

Overall, the goal is to give families a break from the daily, 24/7 demands of providing care to someone with dementia. While respite can be used for any reason, caregivers are encouraged to consider using respite for self-care, attending an education class or participating in a support and discussion group. Additionally, the program intends to give families a "jump start" in the hopes that they will continue utilizing respite and support after the award ends.

Background

To be completed in next version:

- *Program created in response to need of Alzheimer's caregivers*
- *Impact of caring for person with dementia*
- *Lack of respite options*
- *Program development & review of existing programs*

About Alzheimer's San Diego

To be completed in next version:

- *Overview of organization, programs*
- *Detail on how clients connect with AlzSD*
- *Scope of services allows us to identify families*
- *Family centered model of care*

Program Guidelines

Eligibility

The ReCharge respite program is intended to provide additional respite options for families and caregivers who find themselves overwhelmed by the 24-hour care and supervision of a person living with dementia. To be eligible for financial support through the ReCharge program:

- The Caregiver and person with dementia must live together in a private residence within the County of San Diego (not eligible if living in licensed residential care)
- The care recipient has received a formal diagnosis of Alzheimer's disease or any type of dementia and is determined to be in moderate to severe stage as determined by the assessment of an Alzheimer's San Diego Dementia Care Consultant
- Caregiver is not receiving any other free respite services, such as those provided by Medi-Cal/Medicaid and Veteran's benefits
- Caregiver is over the age of 18 (age of the person diagnosed with dementia is irrelevant)
- Paying for respite care would result in a financial hardship for the caregiver
- Caregiver agrees to complete the necessary program enrollment paperwork, which includes pre and post assessments

If the Caregiver or person living with dementia no longer meets all above eligibility criteria, the respite award will no longer be valid.

Enrollment Process

Enrollment in the ReCharge respite program begins during a conversation with an Alzheimer's San Diego Dementia Care Consultant (DCC), either by phone or in-person. An expert in all aspects of dementia, the DCC will identify the need for respite and in turn, complete a

biopsychosocial assessment to evaluate the emotional, physical and financial impacts of caring for a person with dementia. The results of this assessment, along with the clinical judgement of the DCC will determine the award amount (see Respite Award section for more detail). In addition, the assessment will allow the DCC to see what other resources and assistance may benefit the Caregiver and family.

Next, the DCC will complete the ReCharge Intake form to confirm eligibility, stage of disease and collect essential enrollment information. From there the DCC will work with the caregiver to determine the preferred type of respite (i.e. in-home care, adult day care, residential/overnight) and select a service provider from the list of participating organizations.

The DCC will then provide caregiver with the following enrollment paperwork

- Enrollment Agreement
- Zarit Burden Interview
- Program FAQs

At the same time, the DCC will pass the completed Intake form to the ReCharge Program Coordinator and document all interactions in Alzheimer's San Diego's client management software system.

Once the enrollment paperwork has been completed by the Caregiver and returned to the ReCharge Program Coordinator, the official award certificate will be given to the caregiver and a referral email will be sent to the caregiver's selected service provider.

Suggested email template

Please find below a referral for a family approved to receive services through the ReCharge Respite Program

Client receiving services: *[PWD name]*

Age:

Race/ethnicity:

Primary language:

Diagnosis:

Overview of client needs: *[Brief description of ADLs, any challenges/concerns of note]*

Primary contact/care partner: *[Name]*

Relation to client:

Phone:

Email:

Address:

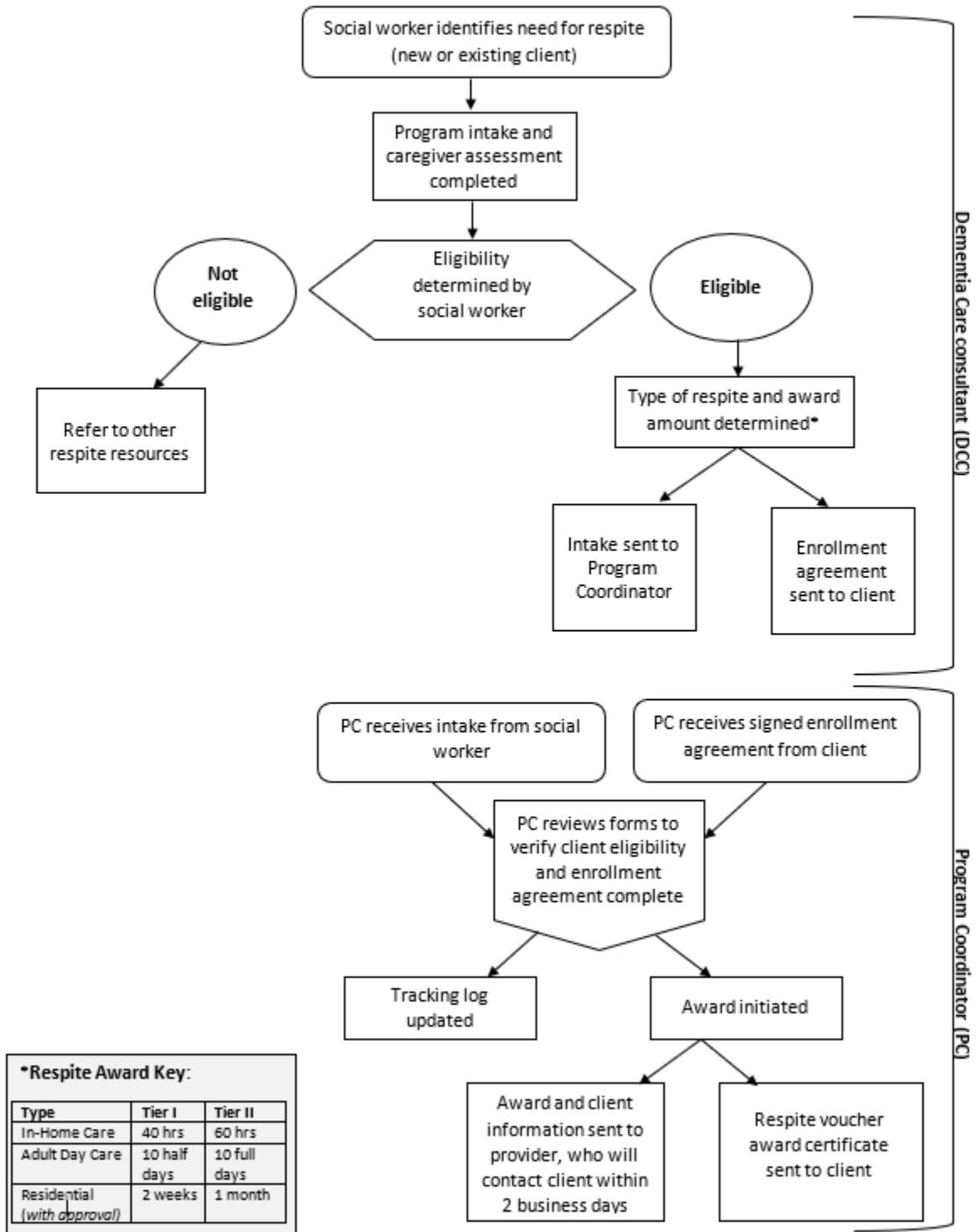
The client has been approved for: *[award amount]*

Please follow-up with the primary contact and send confirmation when a service agreement has been initiated. Please note that the client has 6 months from today to utilize their award amount.

Respite service providers have committed to confirming their ability to provide respite service to the caregiver within two (2) business days. If the service provider is unable to meet the needs of the caregiver and family, the referral will be send to the caregiver's second choice as indicated in the enrollment agreement.

Once the respite award has been used in its entirety, the ReCharge Program Coordinator will send the post-assessment and program evaluation to the caregiver. Upon receipt of the post-assessment and program evaluation to the program coordinator, the Caregiver's enrollment in the program will end.

ReCharge Enrollment Process



Respite Award

The ReCharge Respite Program gives families the ability to select the type of respite that works best for their needs, whether in-home care, adult day care or residential/overnight care.

During the enrollment process, the DCC will discuss the preferred type of respite with the caregiver and determine the award amount based on their assessment and clinical judgement of the caregiver's level of need, either at a tier 1 or tier 2 award level:

Tier 1 Award: DCC concludes that the Caregiver is in need of support, has little/no opportunities for respite and is at risk for burnout and/or crisis without that additional assistance. In addition, per the biopsychosocial assessment

Level of stress = mild or moderate

Current support system = good or fair

Confidence in responding to care needs of PWD*

Confidence in asking for help when needed

Confidence in continuing to care for PWD at home

} = medium or high

Tier 2 Award: DCC concludes that the Caregiver has a great need for support and guidance, has no other option for respite and is currently experiencing a crisis. In addition, per the biopsychosocial assessment

Level of stress = moderate or severe

Current support system = fair or poor

Confidence in responding to care needs of PWD

Confidence in asking for help when needed

Confidence in continuing to care for PWD at home

} = low or medium

**PWD = person with dementia*

Due to the high cost of residential/overnight respite, combined with the limited grant funds available for the ReCharge respite program, supervisor approval is required for both a tier 1 and tier 2 award.

Respite awards are valid for a period of six (6) months from the date of program enrollment.

Respite awards will cover 100% of service fees as authorized by the DCC and ReCharge Program Coordinator. Additional fees incurred by the caregiver, such as late pick-up fees and respite scheduled beyond the award amount, will be the responsibility of the caregiver. Alzheimer's San Diego will pay all fees directly to the community provider, as invoiced, for services

provided. Unlike similar respite scholarship programs, no funds will be given directly to the caregiver.

Respite Providers

Partnership Process

Community service providers were selected to partner with Alzheimer's San Diego and the ReCharge respite program based on their reputation in the community and demonstrated history of providing high-quality dementia care. Service providers are independent organizations and not affiliated with Alzheimer's San Diego.

All providers are required to have current licensure in good standing with the appropriate licensing body and demonstrate core knowledge of dementia among their staff.

- In-Home Care agencies must be licensed as a Home Care Organization with the California Department of Social Services Community Care Licensing Division.
- Adult Day Programs must be licensed as an Adult Day Care with California Department of Social Services Community Care Licensing Division.
- Residential Care communities must be licensed as a Residential Care Facility for the Elderly (RCFE) with California Department of Social Services Community Care Licensing Division.

Providers were engaged with an initial conversation regarding the program to gather their interest as well as feedback about program structure and operations. Interested providers received a Provider Questionnaire to collect information essential to operationalizing the partnership; information for key contacts, rates, enrollment procedures and other important details in working well together.

Using those details, a Memorandum of Understanding was created to outline the policies and procedures for participation in the ReCharge respite program. A service provider is not eligible to receive referrals until the Memorandum of Understanding has been signed and fully executed.

While Alzheimer's San Diego will cover the costs associated with respite care, it is the responsibility of the Caregiver to comply with all policies, procedures, initial and ongoing assessments and paperwork required by the service provider.

In-Home Care Providers require:

- Initial home and safety assessment

- Caregiver to provide disposable gloves in the home

Adult Day Programs require:

- TB clearance
- Medical form completed by physician
- Facility enrollment paperwork

Residential Care providers require:

- TB clearance
- Physician's diagnosis of dementia
- Physician's Report for Residential Care Facilities for the Elderly (Lic 602A)
- Facility enrollment paperwork

Payment Mechanisms

Community service providers will submit monthly invoices to Alzheimer's San Diego for payment of previously-approved respite care. Invoices should include all clients receiving respite for that billing period, avoiding separate invoices for each client.

Invoices will be submitted to the ReCharge Program Coordinator, who will verify the services billed and approve the invoice for payment.

Data Tracking and Collection

Data and Metrics

Each Caregiver will be assigned a unique identification number for confidential data tracking and evaluation purposes. This number will be automatically assigned by Alzheimer's San Diego's client management software system.

All interactions with the Caregiver and person living with dementia will be documented in the client management software system. In addition, per the requirements of the granting organization, the ReCharge Program Coordinator will also document key caregiver demographics and pre and post-assessment results into a program evaluation data collection system. Overall program data and respite usage will be tracked in a detailed spreadsheet, managed by the ReCharge Program Coordinator.

Zarit Burden Interview

in next version:

- *Description*
- *Instructions for use*
- *Purpose*
- *References*

<https://eprovide.mapi-trust.org/instruments/zarit-burden-interview>

Key Policies

Confidentiality

Alzheimer's San Diego is dedicated to ensuring the privacy and confidentiality of all clients served by the organization. Client information is not released without consent and only information essential to respite care is shared with the service provider.

Mandated Reporting

Alzheimer's San Diego complies with California Mandated Reporting requirements, which requires staff to report suspected abuse or neglect and follow guidelines regarding reporting abuse to the proper authorities.

Safety

Safety is a top priority for Alzheimer's San Diego. If at any time the safety of a person with dementia, their family or caregiver is at risk, Alzheimer's San Diego will take immediate action. Similarly, if the safety of a respite care provider is at risk (i.e unsafe home environment), Alzheimer's San Diego will work with the service provider and Caregiver to improve the situation.

Addendum

Eligibility & Intake Form
Caregiver Assessment (biopsychosocial)
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Provider Questionnaire – Adult Day Care
Provider Questionnaire – Residential Care
Memorandum of Understanding Template

Eligibility & Intake

Caregiver: _____

Preferred contact Phone: _____ Email: _____

Age: _____ Gender: _____ Zip Code: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaskan Native Asian or Asian American

Black or African American Native Hawaiian or other Pacific Islander

White Unknown

Military status: Served in the military Has not served in the military

Person with Dementia: _____ **Diagnosis:** _____

Relation to caregiver : Spouse/Partner Child Sibling Grandchild Other _____

Age: _____ Gender: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaskan Native Asian or Asian American

Black or African American Native Hawaiian or other Pacific Islander

White Unknown

Military status: Served in the military Has not served in the military

Stage and severity of dementia symptoms

<input type="checkbox"/> Mild/Early Stage	<input type="checkbox"/> Moderate/Middle Stage	<input type="checkbox"/> Severe/Late Stage
Short-term memory loss, consistent forgetfulness	Increased confusion, disorientation, memory loss	Unable to communicate wants/needs
Difficulty with daily tasks	Inability to learn new things	Loss of bowel, bladder control
Poor judgment, bad decisions	Difficulty with language	Increased sleeping
Able to complete tasks w/ ques	Personality and behavior changes	Unable to follow instructions
Losing/misplacing things, unable to problem solve	Difficulty coping with new situations, changes to routine	Not able to understand what is happening most of the time
Some awareness of changes	Needs assistance with ADLs, tasks	Unable to communicate

Adapted from Dementia Severity Rating Scale (DSRS) and "Signs of Alzheimer's Disease" from NIH, 2018

Program Eligibility

Caregiver and person with dementia live together in a private residence in San Diego? Yes

Person with dementia has a dementia-related diagnosis? Yes

Person with dementia is in the moderate/middle to severe/late stage? Yes

Caregiver is in need of respite assistance? Yes

Caregiver is not receiving free respite through IHSS, VA, community programs

Caregiver would have financial difficulty paying for respite

Explain: _____

All boxes must be checked in order for caregiver to be eligible for the ReCharge Respite Program

Respite Award

Based on assessment of Dementia Care Consultant

Preferred type of respite: In-Home Care Adult Day Care Residential Care

<input type="checkbox"/> Tier 1 level award	<input type="checkbox"/> Tier 2 level award
Caregiver is in need of support, has little/no respite, at risk for burnout and/or crisis	Caregiver has great need for support, has no other option for respite, is in crisis or at high-risk
Level of stress = mild or moderate	Level of stress = moderate or severe
Current support system = good or fair	Current support system = good or fair
Confidence in responding to care needs, asking for help and continuing to care for PWD = medium or high	Confidence in responding to care needs, asking for help and continuing to care for PWD = low or medium

Additional notes: _____

Intake and assessment completed by: _____ Date: _____

Enrollment agreement sent via Postal mail E-mail

Caregiver Assessment

Date of Assessment: _____

- Reason for Assessment:
- A.R.T. initial visit
 - A.R.T. follow up visit
 - Care Consultation
 - Alz Companions initial visit
 - Alz Companions follow up visit
 - Respite Voucher Program

Caregiver Information

N/A no primary caregiver, PWD lives alone

Caregiver Name: _____

Overall physical health: Excellent Good Fair Poor

Level of stress related to caregiving role: Mild Moderate Severe

Stress in other areas of life:

- Family/marriage conflict
- Employment
- Other: _____
- Personal health concerns
- Finances

Biggest challenge in caring for PWD:

- Grief, loss
- Personal care needs
- Financial impact
- Other: _____
- Coping with dementia symptoms
- Lack of help, no respite
- Isolation

Current support system:

- Excellent (strong support from multiple sources, able to receive help)
- Good (has support available when needed)
- Fair (minimal support available, very little outside help)
- Poor (no available assistance)

Current support in use:

- family/friends
- in-home help
- faith community
- None
- community organizations
- Other: _____

Barriers to additional support:

- Unaware of resources
- Do not have time
- Language
- Financial
- Transportation
- Other: _____

Confidence in responding to care needs of PWD: Low Medium High

Confidence in asking for help when needed: Low Medium High

Confidence in continuing to care for PWD at home? Low Medium High

Concerns regarding home environment:

- None, appears safe and well maintained
- Some concerns, risk
- Significant concern, risk for injury, safety risk

Weapons in the home:

- None
- Yes, will be removed
- Yes, weapons are secure and safe
- No, have been removed
- Yes, no plans to remove at this time

PWD Information

Name: _____ Date of Birth: _____

Diagnosis: _____ Date of diagnosis: _____

Stage of disease: Early Middle Late Insight/awareness of diagnosis? Yes No

Level of participation in visit/assessment: None Some Active participant

Medi-Cal: Yes No Veteran: Yes No

Dementia symptoms (*select all that apply*):

- Disorientation/confusion
- Depressed mood/anxiety
- Sundowning
- Wandering
- Restless/pacing
- Shadowing/following
- Sleep disturbances
- Repetition
- Aggressive/angry/combative
- Hallucinations
- Resists bathing/showering
- Suspicion/paranoia
- Sexual behavior
- Other: _____

Additional detail re: symptoms: _____

Other medical concerns: _____

Needs assist with (*select all that apply*):

- Bathing, personal hygiene
- Medication, medical needs
- Incontinence management
- Total assistance
- Eating, meals
- Dressing, grooming
- Transfers, mobility

Calls to 911 in last 6 months: _____ Visits to hospital/emergency room in last 6 months: _____

Recommendations

- Disease information
- Emotional support, counseling
- Respite
- Evaluate long-term plan for care
- Further evaluation of capacity to provide care
- Caregiver skills training
- Family meeting, mediation
- Legal planning, assistance
- Follow up with physician

Other recommendations: _____

Caregiver Receptive to recommendations and ongoing support: Yes No

Additional notes: _____



Enrollment Agreement

At Alzheimer's San Diego, we understand that caring for someone with dementia at home can be a difficult and demanding job. In addition to information and support, families need the opportunity to step away from care responsibilities. For many, this is not easy to coordinate, and the costs involved can often make it impossible.

Funded by a grant from the from the County of San Diego's Aging and Independence Services, the ReCharge respite program provides one-time awards to families in need of respite support.

Name: _____

Address: _____

Phone: _____ Email: _____

Are you living with and caring for a family member who has been diagnosed with Alzheimer's disease or another type of dementia? Yes No

Do you reside in a home within the County of San Diego? Yes No

Would paying for respite services cause financial hardship? Yes No

If yes, please explain: _____

Please explain your need for respite: _____

Are you currently receiving:

Any free care or respite? Yes No

In Home Supportive Services paid by Medi-Cal? Yes No

In-home or adult day care paid by the VA? Yes No

Other scholarship, grant or free respite programs? Yes No

From the options below, please indicate your preferred provider for In-Home respite:

1st choice

2nd choice

_____ _____ **Windward Life Care** windwardlifecare.com
Serves all of SD County except Ramona, Rainbow, Alpine, Julian

_____ _____ **LivHome** livhome.com
Serves all of San Diego County

_____ _____ **Home Instead – East County** homeinstead.com/190
Serves Santee, Lakeside, El Cajon, College, Spring Valley, La Mesa, Alpine, Lemon Grove

_____ _____ **Home Instead – Central** homeinstead.com/158
Serves area south of 56 freeway & west of 15 freeway and Scripps Ranch

_____ _____ **Home Instead – North County** homeinstead.com/146
Serves area north of 56 freeway & west of 15 freeway

_____ no preference, Alzheimer’s San Diego may select the provider they feel is best suited to my needs

By signing below, you acknowledge and agree to the following:

1. I give permission for Alzheimer’s San Diego to release the information necessary to coordinate respite with the selected community provider(s) above.
2. The ReCharge respite program provides a one-time scholarship to assist with the cost of respite care. Additional charges (i.e. transportation, late fees, respite in addition to the award amount) will not be paid for by Alzheimer’s San Diego and are the responsibility of the Caregiver.
3. The community providers participating in this program are separate organizations and are not affiliated with Alzheimer’s San Diego. Alzheimer’s San Diego assumes no responsibility for the services provided by them.
4. Caregiver will be responsible for completing the community provider’s enrollment process and agrees to follow their policies and procedures.
5. Caregiver will notify Alzheimer’s San Diego of any changes that could affect eligibility for the ReCharge program, such as residential care placement, use of other respite services, etc. A change in eligibility will void any unused portion of the respite award.
6. Respite awards must be used within 6 months, as indicated on the award certificate.
7. Caregiver agrees to release all liability and not hold Alzheimer’s San Diego responsible for any loss, damage, injury or expense related to or in connection with services provided via the ReCharge respite program.

Signature of Caregiver

Date

Print Name





Enrollment Agreement

At Alzheimer's San Diego, we understand that caring for someone with dementia at home can be a difficult and demanding job. In addition to information and support, families need the opportunity to step away from care responsibilities. For many, this is not easy to coordinate, and the costs involved can often make it impossible.

Funded by a grant from the from the County of San Diego's Aging and Independence Services, the ReCharge respite program provides one-time awards to families in need of respite support.

Name: _____

Address: _____

Phone: _____ Email: _____

Are you living with and caring for a family member who has been diagnosed with Alzheimer's disease or another type of dementia? Yes No

Do you reside in a home within the County of San Diego? Yes No

Would paying for respite services cause financial hardship? Yes No

If yes, please explain: _____

Please explain your need for respite: _____

Are you currently receiving:

Any free care or respite? Yes No

In Home Supportive Services paid by Medi-Cal? Yes No

In-home or adult day care paid by the VA? Yes No

Other scholarship, grant or free respite programs? Yes No

From the options below, please indicate your preferred provider for Adult Day Care respite:

<i>1st choice</i>	<i>2nd choice</i>		
_____	_____	Poway Adult Day Health Care 12250 Crosthwaite Circle, Poway 92064 Hours: 8am – 4pm (Mon – Thurs), 8am – 3:30pm (Fri)	powayadhc.org
_____	_____	Glennier Alzheimer’s Family Centers 335 Saxony Rd, Encinitas 92024 Hours: 8:45am – 5:15pm	glenner.org
_____	_____	Glennier Alzheimer’s Family Centers 3686 4 th Avenue, San Diego 92103 Hours: 8:45am – 5:15pm	glenner.org
_____	_____	Glennier Town Square 2765 Main Street, Ste A, Chula Vista 91911 Hours: 8:45am – 5:15pm	glenner.org

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3. The community providers participating in this program are separate organizations and are not affiliated with Alzheimer’s San Diego. Alzheimer’s San Diego assumes no responsibility for the services provided by them.
4. Caregiver will be responsible for completing the community provider’s enrollment process and agrees to follow their policies and procedures.
5. Caregiver will notify Alzheimer’s San Diego of any changes that could affect eligibility for the ReCharge program, such as residential care placement, use of other respite services, etc. A change in eligibility will void any unused portion of the respite award.
6. Respite awards must be used within 6 months, as indicated on the award certificate.
7. Caregiver agrees to release all liability and not hold Alzheimer’s San Diego responsible for any loss, damage, injury or expense related to or in connection with services provided via the ReCharge respite program.

Signature of Caregiver _____
Date

Print Name





Enrollment Agreement

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Funded by a grant from the from the County of San Diego's Aging and Independence Services, the ReCharge respite program provides one-time awards to families in need of respite support.

Name: _____

Address: _____

Phone: _____ Email: _____

Are you living with and caring for a family member who has been diagnosed with Alzheimer's disease or another type of dementia? Yes No

Do you reside in a home within the County of San Diego? Yes No

Would paying for respite services cause financial hardship? Yes No

If yes, please explain: _____

Please explain your need for respite: _____

Are you currently receiving:

Any free care or respite? Yes No

In Home Supportive Services paid by Medi-Cal? Yes No

In-home or adult day care paid by the VA? Yes No

Other scholarship, grant or free respite programs? Yes No

From the options below, please indicate your preferred provider for residential/overnight respite:

<i>1st choice</i>	<i>2nd choice</i>		
_____	_____	ActivCare – Mission Bay 2440 Grand Ave., San Diego 92109	activcareliving.com
_____	_____	ActivCare – Bressi Ranch 6255 Nygaard St., Carlsbad 92009	activcareliving.com
_____	_____	ActivCare – 4S Ranch 10603 Rancho Bernardo Rd., San Diego 92127	activcareliving.com
_____	_____	ActivCare – Rolling Hills Ranch 850 Duncan Ranch Rd., Chula Vista 91914	activcareliving.com

By signing below, you acknowledge and agree to the following:

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2. The ReCharge respite program provides a one-time scholarship to assist with the cost of respite care. Additional charges (i.e. transportation, late fees, respite in addition to the award amount) will not be paid for by Alzheimer’s San Diego and are the responsibility of the Caregiver.
3. The community providers participating in this program are separate organizations and are not affiliated with Alzheimer’s San Diego. Alzheimer’s San Diego assumes no responsibility for the services provided by them.
4. Caregiver will be responsible for completing the community provider’s enrollment process and agrees to follow their policies and procedures.
5. Caregiver will notify Alzheimer’s San Diego of any changes that could affect eligibility for the ReCharge program, such as residential care placement, use of other respite services, etc. A change in eligibility will void any unused portion of the respite award.
6. Respite awards must be used within 6 months, as indicated on the award certificate.
7. Caregiver agrees to release all liability and not hold Alzheimer’s San Diego responsible for any loss, damage, injury or expense related to or in connection with services provided via the ReCharge respite program.

Signature of Caregiver

Date

Print Name



ZARIT BURDEN INTERVIEW
Short form (ZBI-12)

Never *Rarely* *Sometimes* *Quite Frequently* *Nearly Always*

1. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?					
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?					
3. Do you feel angry when you are around your relative?					
4. Do you feel that your relative currently affects your relationship with family members or friends in a negative way?					
5. Do you feel strained when you are around your relative?					
6. Do you feel that your health has suffered because of your involvement with your relative?					
7. Do you feel that you don't have as much privacy as you would like because of your relative?					
8. Do you feel that your social life has suffered because you are caring for your relative?					
9. Do you feel that you have lost control of your life since your relative's illness?					
10. Do you feel uncertain about what to do about your relative?					
11. Do you feel you should be doing more for your relative?					
12. Do you feel you could do a better job in caring for your relative?					

ReCharge Respite Program - Frequently Asked Questions

What is respite?

Respite simply means a short period of rest or relief for those who are caring for someone. Respite can be provided in a number of ways: informally by friends and family members, or by professionals or programs for a fee.

Who is eligible?

Care partners of people diagnosed with Alzheimer's disease or a related dementia, who are living together in a private residence in San Diego County. The program is intended for those who are not utilizing any other form of free respite (i.e. Medi-Cal services like IHSS, VA respite, or Southern Caregiver Resource Center respite), and who would experience a financial difficulty in paying for respite services.

Is there a cost?

No, the program covers the cost of respite care for the time you are enrolled. All billing will be coordinated directly between the respite provider and Alzheimer's San Diego. Additional charges (i.e. transportation, late fees, respite in addition to the award amount) will not be paid for by Alzheimer's San Diego and are your responsibility.

What is the enrollment process?

An Alzheimer's San Diego Dementia Care Consultant will speak with you in-person or over the phone to determine your eligibility and respite award amount. You will then be sent an enrollment agreement and pre-assessment paperwork to complete. Once Alzheimer's San Diego receives your completed paperwork, your selected respite provider will be notified and will contact you to initiate services. Your provider will require you to complete additional paperwork before services can begin.

How much respite will I get?

An Alzheimer's San Diego Dementia Care Consultant will let you know how much respite you are awarded. The respite award must be used within 6 months. As this program offers temporary respite, you are encouraged to explore other respite options once your respite award amount is used.

Which agency can I use for respite services?

You will be able to select an agency from an approved list of providers, included in your enrollment agreement.

Who do I contact if I have any questions about the respite services I am receiving?

Please contact the agency directly for questions about scheduling respite care, transportation, or questions/concerns about the respite services being provided. For assistance selecting a provider, planning for other respite care after the program, or questions about your remaining award amount, please contact Carly Graber, ReCharge Respite Program Coordinator, at: 858-966-3298.



ReCharge Respite Voucher Program Award Certificate

Award Date: _____



Congratulations, _____ (Recipient Name) !

You are eligible for a free respite award of:

[AWARD AMOUNT & TYPE]

Your award must be used in its entirety within 6 months from your award date, as listed above.

Any award amount not used by the end of the usage period will be null and void.

Your selected provider, [PROVIDER NAME], will contact you within two (2) business days to initiate services.

In-Home Care Provider

The following information will assist in the development of the Memorandum of Understanding (MOU) as a service provider for the Alzheimer's San Diego respite voucher program.

Company Name: _____

Contacts for

Program Coordination: _____

Phone: _____ Email: _____

Referral (initiate service): _____

Phone: _____ Email: _____

Billing/invoices: _____

Phone: _____ Email: _____

Geographic Areas Served: _____

Areas unable to serve: _____

Hourly rate for this program: _____

Services included:

Non-medical companionship care

Personal care

Transportation

Meal prep

Light housekeeping

Other: _____

Hour/service minimum: _____

Hourly rate should client wish to hire care beyond the respite program: _____

In addition to contact information and the details regarding the respite being provided through this program, what information do you require of Alzheimer's San Diego to set up service with the client?

After you receive all required information above, how soon can the client expect to hear from you to set up service?

What is required of the client to initiate services (home assessment, paperwork, etc)?

How soon can a client expect to start service?

Are there any limitations to your service or anyone that you can not serve?

Anything else we should know?

Thank you!

Adult Day Care Provider

The following information will assist in the development of the Memorandum of Understanding (MOU) as a service provider for the Alzheimer's San Diego respite voucher program.

Company Name: _____

Contacts for

Program Coordination: _____

Phone: _____ Email: _____

Referral (initiate service): _____

Phone: _____ Email: _____

Billing/invoices: _____

Phone: _____ Email: _____

Program rates:

Full day: _____ Half day: _____

Other: _____

In addition to contact information and the details regarding the respite being provided through this program, what information do you require of Alzheimer's San Diego to set up service with the client?

After you receive all required information above, how soon can the client expect to hear from you to set up service?

What is required of the client to initiate services (home assessment, paperwork, etc)?

How soon can a client expect to start service?

Are there any limitations to your service or anyone that you can not serve?

Anything else we should know?

Thank you!

Residential Care Provider

The following information will assist in the development of the Memorandum of Understanding (MOU) as a service provider for the Alzheimer's San Diego respite voucher program.

Company Name: _____

Contacts for

Program Coordination: _____

Phone: _____ Email: _____

Referral (initiate service): _____

Phone: _____ Email: _____

Billing/invoices: _____

Phone: _____ Email: _____

Respite rates:

Week: _____ Month: _____

Other: _____

Minimum: _____

Rate should client wish to use care beyond the respite program: _____

In addition to contact information and the details regarding the respite being provided through this program, what information do you require of Alzheimer's San Diego to set up service with the client?

After you receive all required information above, how soon can the client expect to hear from you to set up service?

What is required of the client to initiate services (home assessment, paperwork, etc)?

How soon can a client expect to start service?

Are there any limitations to your service or anyone that you can not serve?

Anything else we should know?

Thank you!

Partnership Agreement for the *ReCharge* Respite Voucher Program Memorandum of Understanding

Alzheimer's San Diego
and

This Memorandum of Understanding (MOU) describes the responsibility and expectations between Alzheimer's San Diego and _____, partner in the delivery of services identified in this agreement.

Agreement Term

The term of this agreement shall be effective _____.

This agreement is made based on San Diego County contract 556881 as part of the Alzheimer's Disease Initiative: Specialized Supportive Services (ADI-SSS) Grant Project, executed on 6/15/18. Per this contract, Alzheimer's San Diego shall increase the availability and diversity of types of respite services for caregivers by developing and implementing a respite voucher program.

Key Contacts

The key contacts for this agreement and the partner organizations are as follows:

Alzheimer's San Diego

Jessica Empeño, MSW

VP, Operations

858-966-3305

jempeno@alzsd.org

If Alzheimer's San Diego or the partner organization wishes to change their key contact or any information, they shall notify the other party within thirty (30) days after they reasonably know the change to be necessary.

Performance of Work

Partner organization agrees to provide short-term residential care to clients enrolled in the ReCharge respite voucher program.

1. Program eligibility, enrollment and amount of respite voucher award will be determined solely by Alzheimer's San Diego.
2. Partner organization will admit, enroll and/or establish service per their usual procedures.
3. Partner organization agrees to furnish all labor, supplies, equipment, transportation, insurance coverage, training, facilities and other means necessary for the provision of high-quality service.
4. Partner organization shall maintain a current license in good standing with the California Department of Social Services.
5. The primary contact and signer of this agreement shall ensure that the partner organization fulfills all applicable requirements and successfully delivers services as outlined.
6. Partner organization shall ensure that all staff who interact with families enrolled in ReCharge have received dementia training, including disease overview and compassionate communication.
7. In the delivery of services to families enrolled in the ReCharge program, partner agrees to
 - a. Contact client within two (2) business days of receiving referral from Alzheimer's San Diego
 - b. Notify the client and Alzheimer's San Diego if unable to fulfill respite needs (i.e. enroll in program) within two (2) business days of initial client contact
 - c. Notify Alzheimer's San Diego when services begin
 - d. Not exceed hours/services awarded by Alzheimer's San Diego without entering into an agreement with client for services beyond what is awarded through ReCharge

Payment and Billing

Partner organization agrees to a rate of _____ and agrees to maintain this rate for the duration of this agreement. Alzheimer's San Diego agrees to reimburse the full amount of services provided in accordance with respite award given to family.

Invoices should be submitted monthly to: Alzheimer's San Diego
6632 Convoy Court, San Diego, CA 92111
Attn: Suzette French

Invoices may be submitted by email to SFrench@alzsd.org

Invoices may be in any format preferred by the partner organization and must include the name of client/caregiver receiving respite as well as detail of services provided (hours, dates, type).

Partner Reporting Requirements

Alzheimer's San Diego will maintain primary responsibility for submitting all reports to the County of San Diego. Partner organization agrees to maintain records related to service provided and reimbursed by Alzheimer's San Diego, as part of this program. Partner agrees to make those records available to Alzheimer's San Diego should they be required for grant reporting purposes.

Indemnity and Insurance

Alzheimer's San Diego shall not be liable for any claims, demands, liability, judgments, awards, fines, labor disputes, losses, damages, expenses or costs related to this agreement or the services provided through the ReCharge program.

Partner organization will maintain, at its own expense, and keep in force and in effect during the term of this agreement, all appropriate liability insurance, including commercial general liability, automobile liability and workers compensation.

This agreement contains the full and complete agreement between the two parties. Any modifications must be in writing and signed by both parties. Either party may terminate this agreement in whole or in part, upon written 30 day notice with or without cause.

We the undersigned, agree to the terms of this agreement.

Alzheimer's San Diego

Jessica Empeño, MSW
VP, Operations

Date: _____

Date: _____