RESPITE CARE RULES

1. For all requests for In-Home Respite Care services, there is a maximum of 100 hours during the fiscal year (not including any units provided in previous fiscal year).
   a. Care receivers must have a caregiver in their home on a regular basis before In-Home Respite Care services will be allowed (ADS is waived of this more stringent requirement).
   b. The hours of service may be provided in any manner or time-period that best serves the care receiver or caregiver’s needs.
   c. Only in cases where nursing home placement is imminent, the care receiver or caregiver has an extraordinary need, will there be any consideration for an extension of hours. In these cases and before the hourly maximum limit is reached, the Aging service provider must request additional hours in advance and receive Egyptian AAA’s prior written approval by faxing a justification for the request to the Egyptian AAA and the Egyptian AAA faxing back an answer. Call if you feel the Egyptian AAA has delayed in answering your request.
   d. An annual re-assessment must be completed by the CCU on all clients whose initial assessment is more than one year old (a new assessment is also required if a previous client’s service is interrupted by 60 days or more).
   e. The Aging service provider is responsible for monitoring the amount of funds available to provide services to all of its clients and must terminate client services when awarded funds and donations are used up.

2. For all requests for ADS services, an unlimited number of hours of ADS service may be provided during the fiscal year with these provisions:
   a. After the first 100 hours that may be provided in any manner which best serves the needs of the care receiver and caregiver, the care receiver is limited to two days of ADS service per week (about 10-14 hours per week.)
   b. No pre-approval of hours after 100 is required if the additional hours are provided as described in “a” above.
   c. An annual re-assessment must be completed by the CCU on all clients whose initial assessment is more than one year old (a new assessment is also required if a previous client’s service is interrupted by 60 days or more).
   d. The Aging service provider is responsible for monitoring the amount of funds available to provide services to all of its clients and must terminate client services when awarded funds and donations are used up.

3. Use the Title III-E Caregiver Assessment form that gathers all of the NAPIS registration information needed at this time.

4. Use the attached donation request or a similar form developed by your agency and approved by the Egyptian AAA on a regular basis.

End of Respite Rules

File:  (F): / Forms / Provider Forms / Respite Service Rules
EAAA-130P
Dear Friend:

We are pleased to offer you service under our Family Caregivers Support Program. Even though there is no charge for this service, a donation toward the cost of providing services would help us to reach out to others who also need help with caring for a loved one at-home.

Below is a chart that shows the suggested donations based on your income and the number of hours of service you or your loved one received this month. Please send the amount circled to the address listed above.

If you cannot afford the amount circled below, any donation you choose to make is appreciated.

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>1-25 Hr.</th>
<th>26-50 Hr.</th>
<th>51-75 Hr.</th>
<th>75 Hr. or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $2,010</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$2,011 to $3,015</td>
<td>$10</td>
<td>$20</td>
<td>$30</td>
<td>$40</td>
</tr>
<tr>
<td>$3,016 to $4,020</td>
<td>$15</td>
<td>$25</td>
<td>$35</td>
<td>$45</td>
</tr>
<tr>
<td>$4,020 or more</td>
<td>$20</td>
<td>$30</td>
<td>$40</td>
<td>$50</td>
</tr>
</tbody>
</table>

Our records indicate that you received ___________ hours of service. If you choose to donate, please send your check to the address at the top.

Tear here and return bottom with your check

Your name: ________________________________________________
Date: ___________________________________________________  
Amount of your check  $______________