RESPITE CARE NEEDS ASSESSMENT PLAN OF CARE

WAIVER (Check One): ☐ EDCD ☐ AIDS

A. RECIPIENT NAME: ______________________________ Medicaid No: ________________

B. PRIMARY CAREGIVER: ______________________ Relationship to Recipient: ______________

C. STRESSORS: Describe factors that create a need for Respite Care.

Lack of Additional Support: ____

____

Other Dependents: ____

24-Hour Supervision Required: ____

____

Illness/Limitations: ____

Other: ____

____

D. AMOUNT AND TYPE OF RESPITE CARE NEEDED

Reason Respite Care Requested: ____

____

☐ Routine Hours/day: ________ Days Needed: ______________________

☐ Episodic Hours/day: ________ Specify Dates Needed: ______________________

Care must be provided by LPN: ☐ No ☐ Yes Describe Skilled Needed: ______________________

E. PATIENT PAY

Patient pay information obtained from: ______________________ ______________________

Eligibility Worker Phone Number

F. FREEDOM OF CHOICE

In accordance with the policies and procedures of the Department of Medical Assistance Services I have been informed by the Pre-Admission Screening Team of the Medicaid-funded, long term care options available to me by ______________________ and I choose:

Name of City/County or Hospital

☐ Respite Care Services ☐ Nursing Home Placement

I have been given a choice of the available Respite Care Provider agencies and my choice is ______________________I understand that only the amount of Respite Care authorized above can be offered. In order to receive Respite Care instead of nursing home care, I understand that the cost to Medicaid for Respite Care (and any additional Medicaid-funded Home and Community-Based Care services) must be equal to or less than the cost to Medicaid for nursing home care. The Pre-Admission Screening team has determined that the above Plan of Care is cost-effective, appropriate to meet my health arid safety needs and necessary to avoid nursing home care.

______________________ ______________________

Physician's Signature & Date Recipient/Family's Signature & Date