

Represented here today are: 1. Alyson Johnson-Sawyer, Executive Director of Care Partners Adult Day Health Care, Asheville, NC. Care Partners served clients in the Overnight Respite Care Pilot Program for 16 months through the present. 2. Toni Camp, Assistant Director, Life Enrichment Center (LEC), Shelby, NC. Once authorized, LEC chose not to participate in the pilot because the pilot bill prohibited them from serving Medicaid Waiver clients. 3. Stella Putnam, Family Caregiver, Kings Mountain, NC.

**By definition, respite is relief for the caregiver.** Caregivers want the choice of who provides respite for their loved-ones and where this respite is provided.

**Recommendation:** The General Assembly should discontinue the pilot and allow adult day health care facilities who choose to do so to offer overnight respite care and collect state and Medicaid Waiver funding for overnight respite provided they meet the regulations. Monitoring should remain with the Division of Aging who already is the certifying agency of adult day health care and all ancillary services. Overnight respite care is simply another added ancillary service which can be provided in adult day health care. An Adult Day Health Care Certificate is equivalent to a North Carolina License. The Division of Aging has been the certifying agent since adult day health care's inception in North Carolina and therefore, is the agency most familiar with the statutes and rules that govern adult day health care and any ancillary service. Ancillary services provided in adult day health care have been in response to caregivers' wants and needs. Overnight respite has been and continues to be one of the most requested services by caregivers.

**Points to Note:**

1. The Overnight Respite Pilot Project Evaluation seemed to focus more on the pilot design and **not** on whether or not overnight respite could be successfully provided in an adult day health center.
2. The overnight respite pilot was doomed from the beginning because the legislation stated that the pilot centers could not bill Medicaid. Exhibit 14 of the Overnight Respite Pilot Evaluation Report stated that adult day health care centers do not receive CAP-DA and NC Innovations (both Medicaid programs) for respite services. **This is incorrect.** Adult day health care centers have been approved by the Division of Medical Assistance (DMA) to provide and bill for respite services and have been approved for decades.\* To succeed,

health care organizations must have multiple sources of funding. Through this pilot, adult day health care centers were at a disadvantage from the get-go because they could not bill Medicaid. Other health entities such as hospitals, hospices or assisted livings that can provide overnight respite have no such restrictions. Pilot centers could **only** serve private pay clients.

**3.** Appendix B of the evaluation report compares the charges of state-operated overnight respite facilities to the charges of the pilot centers. Paragraph two of this summary is deceptive. The reader may assume that \$8 a day respite is readily available. **It is not!** The 2 state-operated respite facilities that billed privately are the only 2 in North Carolina and they served less than 300 people. Distant locations and extensive waiting lists make use of these facilities minimal for caregivers in North Carolina. Accessibility has everything to do with where a respite service should be. There is also the question of who actually funds these programs. Except for the \$8 a day fee collected for private pay individuals **all** of the other costs to operate these facilities are state supported with taxpayer dollars. Three of the other state supported respite programs mentioned in the evaluation do bill Medicaid and their fees exceed what the pilot centers' charges are. As stated by the evaluators, Medicaid may be spending more on overnight respite at state-run developmental centers than it would spend on the same service if it were provided at adult day health centers. If legislation were passed to allow adult health centers the ability to provide respite service to Medicaid waiver clients, it could save Medicaid money and such legislation would be almost budget neutral! **Also, if adult day health centers across the state could provide overnight respite it would give caregivers the opportunity to have their loved-ones receive respite services in "their own" communities.**

**\*LEC provided overnight respite under a Duke Endowment Grant in 2006. Had LEC not had the ability to bill for Medicaid waiver participants, the program would not have been as successful as it was.**

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