TOP AID
HEALTHCARE, INC

ALTERNATE CARE POLICY

"Alternate Care" is defined by MassHealth as "a short-term placement of up to 14 clays per calendar year during which a consumer receives AFC from an alternative care provider when the AFC caregiver is temporarily unavailable or unable to provide care."

The only payment resource for alternate care is the allowable Medicaid fee or private pay fee. Under MassHealth Regulations respite is paid on a 14 overnight, non-cumulative basis. The 14 days are counted from January 1 st thru December 31st each calendar year. Because the days cannot be carried over from one year to another, the caregiver should be encouraged to take the allotted number of days per year.

1. Ift a client us transferred during the year and has not utilized all there days, the remaining number of days may be paid for a new caregiver's respite. If all 14 days have been expanded, then the new caregiver will need to wait until January 1st to take the 14 days respite. If the caregiver has msde vacation plans and is adamant that payments needs to be given, other private pay arrangements need to be developed.
2. If is recommended respite not be used for the first (3) months of new pl8cement, however, cases will ne reviewed on an individual basis and expectations may be allowed.
3. Non-pro-fessional people may be approved to proviclecl respite for the clients at caregiver's home. The program encourages caregiver needs to be screened and interviewed by the program staff. The Adult Foster Care Nurse should develop, review, and sign the initial teaching form with the respite caregiver prior to the elate of the visit.
4. If respite is to be provided outside the caregiver's home for any period, the respite worker must hr.we hacl prior evc1lu8tions by the Adult Family Care staff to determine acceptability of the home this purpose.
5. Payment to Alternate Caregivers:
   The payment process for respite is the same as Adult Foster Care caregiver payments. Payments will be diiect deposited into the alternate caregiver's account on the second Friday of the mon

Caregiver Name:_____

Caregiver Signature:_____

Date:_____