

**DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES**

CHAPTER 411

**DIVISION 44
OREGON LIFESPAN RESPITE CARE PROGRAM**

411-044-0000 Purpose and Scope

(Effective 7/14/2006)

Lifespan respite care is a community-based system of accessible respite care services for any individual and/or family regardless of age, income, ethnicity, race, special need or situation. Lifespan respite care services can include providing respite-related information to the community, recruitment and training of paid and volunteer respite providers, connecting individuals and/or families with respite care providers and linking individuals and/or families with respite care payment resources.

Stat. Auth.: [ORS 409.050 & 409.474](#)

Stats. Implemented: [ORS 409.450 - 409.478](#)

411-044-0010 Definitions

(Effective 7/14/2006)

(1) "Department" means the Department of Human Services of the State of Oregon.

(2) "Special Needs" may encompass physical, emotional, and/or mental illnesses and/or conditions an individual may experience which result in the need for ongoing care and supervision, such as:

- (a) Developmental disabilities;
- (b) Physical disabilities;
- (c) Mental illnesses;

- (d) Emotional and behavioral disorders;
- (e) Alzheimer's disease and related disorders;
- (f) Chronic illness; and
- (g) Medical fragility.

(3) "Special Situations" may include:

- (a) A time in which a high risk of abuse and/or neglect may exist; and/or
- (b) Other circumstances as defined by the governing body of the community-based lifespan program.

Stat. Auth.: [ORS 409.050 & 409.474](#)

Stats. Implemented: [ORS 409.450 - 409.478](#)

411-044-0020 Application Procedures

(Effective 7/14/2006)

(1) The Department may solicit applications for the development and implementation of community-based lifespan respite care services systems.

(2) Applicants shall be:

- (a) Private non-profit;
- (b) For profit;
- (c) Public agency; or
- (d) A coalition that has a designated fiscal agent.

(3) Applicants shall submit the application before the closing date and time specified in the application procedure.

(4) Applications shall contain at a minimum the following information:

- (a) The name, address and telephone number of the applicant organization;
- (b) The name, address and telephone number of the contact person;
- (c) The names, addresses and telephone numbers of community partners participating in the development and implementation of the lifespan respite care program representing children, adults, seniors, and individuals with special needs;
- (d) A projected budget detailing the project's financial needs, expenses, and other sources of support; and
- (e) Any other information requested by the Department in the application packet.

Stat. Auth.: [ORS 409.050 & 409.474](#)

Stats. Implemented: [ORS 409.450 - ORS 409.478](#)

411-044-0030 Application Review

(Effective 7/14/2006)

(1) The Department shall review all applications and may request any additional information needed to assure applications are complete.

(2) After an application is determined to be complete and concordant with the intended goals and outcomes of the program, it shall be forwarded to the Lifespan Advisory Review Committee, a sub-committee of the Oregon Family Support Council, for review and possible recommendation for selection approval.

(3) In reviewing applications, the Committee shall consider the following elements:

- (a) The amount of available funds for the Oregon Lifespan Respite Care Program;

(b) The existence of a strong community coalition representing children, adults and seniors with special needs and situations. The coalition should include, but not be limited to, members from the following areas:

- (A) Families and/or consumers;
- (B) Respite providers;
- (C) Medical and/or health related fields;
- (D) State, federal and/or county agencies;
- (E) Private businesses;
- (F) Civic, social and community organizations;
- (G) Faith communities; and
- (H) Community volunteers.

(c) The willingness and ability to contract with the Department and participate in all required Oregon Lifespan Respite Care Program activities;

(d) The ability to articulate program outcomes and strategies, which include Family Support principles, as described in [ORS 417.342](#);

(e) The amount of in-kind services;

(f) The stability of other funding sources; and

(g) Additional departmental administrative costs or responsibilities associated with the individual application.

Stat. Auth.: [ORS 409.050 & 409.474](#)

Stats. Implemented: [ORS 409.450 - 409.478](#)

411-044-0040 Selection
(Effective 7/14/2006)

(1) The Director of the Department of Human Services or his/her designee shall make the final decision regarding selection of community-based lifespan respite programs.

(2) The Department shall notify applicants in writing of the approval or rejection of the applications.

(3) Selected applicants shall:

(a) Develop and maintain a point of contact for access to lifespan respite care services within a designated geographical area;

(b) Develop and maintain a mechanism to recruit and screen potential respite providers and volunteers;

(c) Identify local training resources and coordinate respite training opportunities for caregivers, respite providers, and families;

(d) Publicize the lifespan respite care program phone number and address; and

(e) Comply with all program policies and guidelines established by the Oregon Lifespan Respite Care Program.

(4) Selected applicants shall make available to the Department records and materials necessary to provide funding and to monitor the program, including projected and actual budgets, performance criteria and reports.

(5) If the term and conditions are not met, the Department may, upon written notice, take one or more of the following actions:

(a) Immediately revoke approval of funding;

(b) Require repayment of all or a portion of any funds advanced; or

(c) Take any other appropriate legal action necessary.

Stat. Auth.: [ORS 409.050 & 409.474](#)

Stats. Implemented: [ORS 409.450 - 409.478](#)