

State of Arkansas
Division of Provider Services and Quality Assurance

Lifespan Respite Care Program: State Program Enhancement Grants

HHS-2021-ACL-AOA-LRLI-0045



ACL Grant Award Number: 90LRLI0045-01-00

Semi-Annual Report: 07/01/2021- 12/31/2021

Submitted to:

**Administration for Community
Living-Administration on Aging**

January 26, 2022

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AOA Lifespan Respite Care Integrity & Sustainability (PL 116-324)
Grant Detail

- **Project Title:** Arkansas “Take the Time” Lifespan Respite Program
- **Authorized Official:** Martina Smith, Division of Provider Services & Quality Assurance (DPSQA) Director, Arkansas Department of Human Services
- **Project Director/Principal Investigator:** Sarah Schmidt, Division of Provider Services & Quality Assurance (DPSQA) Deputy Director, Arkansas Department of Human Services
 - **Grantee Organization Name:** AR DHS Division of Provider Services & Quality Assurance
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 - **Phone Number:** 501-320-6555
 - **Email Address:** sarah.schmidt@dhs.arkansas.gov
- **ACL Grant Award Number:** 90LRLI0045-01-00
- **Total Project Period:** 07/01/2021- 06/30/2026
- **Reporting Period:** 07/01/2021-12/31/2021 (Semi-Annual, Year One)
- **Date of Report:** January 26, 2022
- **ACL Program Officer:** Lori A. Stalbaum
- **ACL Grants Management Specialist:** Jan-Sheri Morris

Introduction

Arkansas “Take the Time” Lifespan Respite

The Arkansas Department of Human Services- Division of Provider Services and Quality Assurance submitted a grant proposal application on May 21, 2021, for the Lifespan Respite Care Program: State Program Enhancement Grants (Funding Opportunity Number: HHS-2021-ACL-AOA-LRLI-0045) by the Administration for Community Living. On July 14, 2021, Arkansas received the Notice of Award (Number: 90LRLI0045-01-00) in the total budget period amount of \$366,719.00. The breakdown of this project period funding (July 01, 2021 through June 30, 2022) is:

- Federal Share totaling \$274,730.00
- State General Revenue/Non-Federal Share totaling \$91,989.00

This report is the first report submitted within the award term, and includes activities and challenges experienced during the first six months of the project period: July 1, 2021, through December 31, 2021.

Overall Goal and Objectives

The overall project goal is to continue improving overall quality of life for Arkansas caregivers, inclusive of all groups and communities, but with a cognitive effort to reach underserved populations through education, increased awareness and resource allocation, and technological advances in a user-friendly environment to consolidate the statewide respite system.

Objectives include: 1) implementing a robust centralized Arkansas Lifespan Respite Search/Locator; 2) drafting and implementing by-laws for the ALRC; 3) updating statewide caregiving data at the beginning and end of the grant project term in order to assess effectiveness; 4) identifying underserved populations; 5) increasing opportunity for caregiver input and feedback; 6) launching a large-scale informational and educational outreach, particularly to the underserved; and 7) direct service opportunities and training events.

Project Partners

The Arkansas Lifespan Respite Coalition (ALRC) membership is representative of professionals and other respite organizations and advocacy groups, as well as family caregivers themselves. A list of all current coalition members can be found in Appendix I.

The Arkansas Department of Human Services partners with the University of Arkansas Medical Sciences- Schmieding Caregiver Training Center to provide volunteer respite training per the grant objectives. This partnership has been in existence for the past four years and continues at this time.

Currently, Arkansas DHS and the ALRC are also partnering with ARCH National Respite Network and Resource Center, National Academy for State Health Policy, and the Respite Care Association of Wisconsin (RCAW) to develop and implement a Respite Provider Recruitment, Training and Retention Project. This pilot project is funded through RCAW’s national application for a Lifespan Respite Care

Program Grant: Special Projects to Strengthen Program Development, Implementation and Sustainability (#HHS-2020-ACL-AOA-LRSP-0432). Arkansas is using this pilot project in conjunction with objectives listed in our Lifespan Respite grant, to maximize outcomes and build on our respite training goals.

Activities and Accomplishments

What did you accomplish during this reporting period and how did these accomplishments help you reach your stated project goal(s) and objective(s)? Please note any significant project partners and their role in project activities.

The following list are accomplishments during the reporting period. [Note: all project partners are listed in above section]:

- Designed, developed, tested, and deployed the new Arkansas Lifespan Respite Locator to the public
- Redesigned, developed, tested, and deployed the updated respite provider submission form for the Arkansas Lifespan Respite Locator to be completed and submitted electronically
- Redesigned and deployed an updated Arkansas Lifespan Respite Coalition Membership form
- Designed, developed, tested, and deployed an in-house Lifespan Respite Voucher Program, forms, and funding process
- Created and published a Request for Application (RFA) procurement opportunity for respite voucher sub-grants made available to existing respite providers and organizations across the state.
- Produced new informational material including updated Arkansas Lifespan Respite brochure and Infographic.

What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges? Please note in your response changes, if any, to your project goal(s), objective(s), or activities that were made as a result of challenges faced.

COVID-19 limitations continue to hinder in-person gatherings and awareness events anticipated for the reporting period. All coalition meetings and additional Lifespan Respite workgroup events have been held via Zoom. This form of virtual meeting can limit the interaction that some participants may be able to have and can also risk multi-tasking by participants who are not fully engaged in the meeting or discussions.

Coalition member engagement also continues to limit activities. There are a handful of members who are actively engaged and participate on multiple levels; however, many members may log in for the coalition meeting but choose not to participate outside of the bi-monthly meeting. Changes have been made to the coalition membership form including information on how much time per month the prospective member can dedicate to coalition work as well as what they are looking to gain from that participation. This information will better help us establish levels of membership commitment and tailor our coalition re-structuring in Year 2 easier.

There has been difficulty in finding a vendor to assist in our statewide data collection objective. Extensive time (July through November) was utilized in developing the key data collection requirements to be used for the project and producing an Invitation for Bid (IFB) document for release. The IFB was released on December 15, 2021 with a submission deadline of December 21, 2021. Five (5) potential vendors were identified and sent the invitation for a competitive bid; however, no submissions were received by the submission deadline. The grant project director and Arkansas DHS procurement staff plan to re-evaluate potential vendors and re-release the invitation beginning 2022. Upon confirmation of a vendor, we do anticipate this objective to be delayed in its timeline and potentially extend into Year 2 of the grant cycle.

We noticed a slow start to implementing the in-house voucher program regarding processing payments through the Arkansas Administrative Statewide Information System (AASIS). AASIS is used by state government entities for all accounting and payment processes to ensure that the state's financial data is accurate and complete. Through this process, caregivers are required to submit a W-9 form to be entered as an official state vendor for payment. A vendor number must then be generated if the caregiver is not already set up in the system. This process may take up to a week, possibly two during holiday months. Once the vendor number has been created, an invoice is created and submitted to the Project Director for signature. The signed invoice is then submitted to Managerial Accounting to which payment is typically dispersed within three (3) business days through AASIS. When initiating this process in November 2021, there were delays in processing with the learning curve of a new program; however, processes have now been streamlined as much as possible and appear to be moving smoothly. While the final weeks of the reporting period did consist of multiple holidays and therefore staffing shortages, we expect voucher funding to flow more quickly and efficiently going forward.

How have the activities conducted during this project period helped you to achieve the measurable outcomes identified in your project proposal?

The following measurable outcome activities are divided below by project proposal objective:

Implement a Robust Centralized Arkansas Lifespan Respite Locator

Arkansas DHS worked with its vendor, Deloitte, to develop a respite locator search engine, via PowerBI. Prior to the search engine, a list of known respite providers was manually kept on an excel spreadsheet within DPSQA and offered to any caregiver who inquired. During the reporting period, Deloitte was able to take the information contained within the excel spreadsheet and display that information in a more user-friendly, searchable method online. While the back end of the search engine is still controlled through an updated and more streamlined excel spreadsheet, information updates daily to ensure any new or changed information made internally on the spreadsheet is available on the search engine. Through PowerBI, all the primary caregiver needs is internet access to conduct a search. The caregiver can view all respite providers on the search engine, filter by Provider Name, Medicaid/Medicare options, Ages Served, and County Served. The locator page, or search engine, provides the caregiver with a geographical map and location of the selected provider as well as additional information of the services they offer, eligibility criteria, the provider's physical address, website, hours of operation and contact information.

The new web-search locator also allows for individuals who complete one of the two Lifespan Respite recognized trainings- the REST Volunteer training through the UAMS-Schmieding Caregiver Training Program or the Respite Care Provider Training (RCPT) certification- to submit their information to also be placed on the locator and appear to primary caregivers as “self- employed/independent” respite providers. Provider agencies and independent respite providers can request to be placed on the search locator, or update their current information shown on the locator by submitting an online request form directly from the locator page. This option now provides a quick, streamlined process to ensure the most up-to-date information is available when caregivers conduct a search.

Updating Statewide Caregiving Data and Identifying Underserved Populations

During the reporting period, Arkansas DHS, along with the ALRC members, have developed caregiver data points and requirements it would like to have surveyed and collected during the caregiver data collection activities. These data points will include: demographic characteristics of the caregiving situation; identification of all caregivers (i.e. in and out of home delineations, outside employment details if applicable); identification of care recipient (i.e.: level/type of disability or care, diagnosis, relationship to caregiver); level and duration of current caregiving activities (i.e.: types of tasks, cultural perspectives); family support services (i.e.: previous respite use, financial assistance, assistive technology, state or Medicaid service programs); caregiving skill building or trainings; emotional support services (i.e.: support groups, counseling, faith-based organizations); overall impact of caregiving (i.e.: caregiver burden, stress, satisfaction, health and wellbeing, financial impacts).

Data is expected to be collected through various methods including random digit dialing telephone interviews, direct interviews with previous Lifespan Respite participants, direct interviews with Medicaid waiver participants, direct interviews with state plan participants, including any individuals currently on a program’s waitlist.

At the time of reporting, we are still attempting to procure a vendor to assist in the data collection activities.

Increase Opportunity for Caregiver Input and Feedback

Caregiver input and feedback has been limited to the open invitation to attend Arkansas Lifespan Respite Coalition meetings at this time. With the development of several other projects (such as the search locator, respite voucher program, etc.) ending, efforts will now be turned toward this objective as outreach and evaluation of these activities begin.

Direct Service Opportunities

Through our project proposal, direct service opportunities were broken into two categories: respite vouchers and services and training opportunities.

During the first six months of the reporting period, Arkansas DHS worked to develop an in-house voucher program to be processed through the Choices in Living Resource Center (also known as the Aging and Disability Resource Center- ADRC- for the state of Arkansas). Informational materials, applications, letter templates and the processing flow were created, and the voucher program officially launched on November 1, 2021. Unpaid caregivers may apply and provide necessary documentation to

the resource center for review and approval. Vouchers are awarded in the amount of \$300 per quarter and caregivers may reapply for voucher assistance every quarter. This allows a caregiver to potentially receive up to \$1,200 in respite financial aid. At the end of this reporting period, the resource center had awarded 10 respite vouchers totaling \$3,000. 16 additional awards are currently pending payment and expected to have funding released within the first weeks of January.

Along with the in-house respite voucher program now established, sub-grant funding for respite vouchers is also taking place. A Request for Applications (RFA) was posted to the Arkansas DHS website on November 19, 2021, requesting applications for respite voucher sub-grant funding, estimating approximately 5-6 vendors receiving up to \$10,000 each. To date, only one application has been received requesting funding; however, the proposed funding opportunity remains open to receive additional application requests throughout the final months of the year. Any funding earmarked for sub-grants within the Direct Service category that is not awarded out will be utilized through the in-house voucher program to maximize service opportunities for caregivers.

Our project proposal included direct support opportunities through volunteer training events facilitated by the University of Arkansas Medical Sciences- Schmieding Caregiver Training Program. Arkansas DHS has partnered with The Schmieding Caregiver Training Program for these training events in previously awarded respite grants. During the reporting period, Arkansas DHS and UAMS are currently negotiation the terms and conditions of the new agreement, including performance indicators that UAMS will be responsible for. Expectations are that the contract will be finalized in January and UAMS will begin providing events soon thereafter. They are scheduled to complete ten (10) events across the state within the remaining six months of the grants first year. Communication between the two parties have also included discussions on the training certificates participants receive, and the ability for those trained through this method to be able to promote their respite provider services through the Arkansas Lifespan Respite Search Locator as a “self-employed/independent” provider. UAMS uses the REST (Respite Education & Support Tools) curriculum which is an evidence-based respite training program designed to prepare participants to provide respite support to those who are caring for people with disabilities and healthcare needs across the lifespan.

Additional to the project activities set forth in the grant proposal, Arkansas DHS, along with members of the Arkansas Lifespan Respite Coalition, are also working with the national respite resource program, ARCH, and the Respite Care Association of Wisconsin (RCAW) on a multi-state pilot project designing and implementing an online, self-paced certification course providing minimum skills and knowledge for respite care workers. This online module certification will also allow those who complete the course successfully to display their respite services on the Arkansas Lifespan Respite Search Locator.

Produce New Outreach Material

The Arkansas Lifespan Respite Coalition worked with Arkansas DHS’ Communications Office to create a new look for the state’s lifespan respite logos. Updated logos were created for both the coalition specifically and a basic Arkansas Lifespan Respite identifier to be used on other marketing material. Logo colors were simplified to be more appealing to the eye and coordinated with other state colors used. Once the logos were approved by the coalition, the Arkansas DHS Communications Office then began

updating the Arkansas Lifespan Respite brochure and infographics used in education and outreach activities. The updated brochure now includes a direct, simplified web link to the Arkansas DHS-Lifespan Respite webpage, the new logo, and colors. The updated infographic includes the latest national and state data on caregiving, Arkansas' five-year goal for the grant and the coalition, as well as the web link, new logo, and colors. Both the brochure and infographic have been posted to the Arkansas Lifespan Respite webpage for public access.

During the reporting period, a quarterly respite and caregiver newsletter has been established as an outreach and awareness tool, providing updates and current event to those who subscribe. The newsletter release schedule anticipates all four quarters- Fall, Winter, Spring and Summer editions, and is released via email to those subscribed, as well as posted to the Arkansas Lifespan Respite webpage. To date, the following editions have been circulated:

FALL 2021- released September 15, 2021

WINTER 2021- released December 16, 2021

Lastly, a governor's proclamation was received during the reporting period declaring November 2021 as Arkansas Lifespan Respite Awareness Month. This proclamation is typically joined with an awareness event at the Arkansas State Capitol; however, due to lingering COVID-19 concerns, the event was cancelled this year. The proclamation was highlighted in the Winter 2021 newsletter and well as displayed on the Arkansas Lifespan Respite webpage.

What was produced during the reporting period and how have these products been disseminated? Products may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources.

The following items were produced during this reporting period:

Web Design

- Updated Arkansas Lifespan Respite website with new child pages including easier navigation to the Arkansas Lifespan Respite Voucher Program Application and Arkansas Lifespan Respite Search Locator and Training Opportunities. These pages can be found at the new simplified web address of <https://arkansas.gov/arlifespanspitem>.

Marketing Material

- Updated Arkansas Lifespan Respite Infographic- posted to the Arkansas Lifespan Respite webpage; distributed to coalition members (shown as Appendix II)
- Updated Arkansas Lifespan Respite Brochure- posted to the Arkansas Lifespan Respite webpage; distributed to coalition members (shown as Appendix III)
- Fall 2021 Arkansas Lifespan Respite Newsletter- posted to the Arkansas Lifespan Respite webpage; distributed via subscription list (shown as Appendix IV)
- Winter 2021 Arkansas Lifespan Respite Newsletter- posted to the Arkansas Lifespan Respite webpage; distributed via subscription list (shown as Appendix V)

Survey Instruments

- Arkansas Lifespan Respite Data Collection Survey Requirements for Caregiver Data Collection- Invitation for Bid, released December 15, 2021 (shown as Appendix VI)

News/Press Releases

- Press Release: Arkansas Department of Human Services, August 12, 2021- “1.3 Million Grant Awarded to DHS for Respite Services for Caregivers, Help Available Statewide with No Income Requirements” (shown as Appendix VII)
- Newspaper Article: Van Buren County Democrat, November 3, 2021- “Up to \$1,200 Available from DHS for Respite Services for Caregivers” (shown as Appendix VIII)

Forms/Documents

- Arkansas Lifespan Respite Voucher Program Application (shown as Appendix IX)
- Arkansas Lifespan Respite Voucher Service Form (shown as Appendix X)
- Arkansas Lifespan Respite Voucher Award Letter Template (shown as Appendix XI)
- Arkansas Lifespan Respite Voucher Denial Letter Template (shown as Appendix XII)
- Arkansas Lifespan Respite Voucher Program FAQs (shown as Appendix XIII)
- Arkansas Lifespan Respite Voucher Program Overview (shown as Appendix XIV)
- Arkansas Lifespan Respite Voucher Satisfaction Survey (shown as Appendix XV)

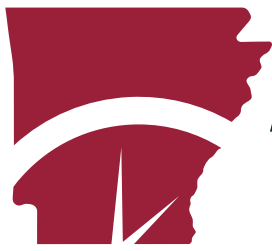
Procurement Documents

- Arkansas Lifespan Respite Grant Notice of Funding Opportunity- “Arkansas Lifespan Respite Voucher Program”, Request for Application- Released on November 15, 2021 (shown as Appendix XVI)
- Competitive Bid: Caregiving Data Collection and Reporting- Issued December 14, 2021 (shown as Appendix XVII)

Appendices

The following pages contain all appendices mentioned within this report.

ARKANSAS LIFESPAN RESPITE COALITION ACTIVE ORGANIZATIONS/MEMBERS
AARP Arkansas
Acti-Kare Responsive In-Home Care of Beebe
Alzheimer's Arkansas
Alzheimer's Association- Arkansas Chapter
Area Agency on Aging of Northwest Arkansas
Area Agency on Aging of Southeast Arkansas
Arkansas Autism Association
Arkansas Disability Coalition
Arkansas Governor's Council on Developmental Disabilities
Arkansas State Independent Living Council
Arkansas Total Care (PASSE)
CareLink
Centra Arkansas Disability Services
Children with Chronic Health Conditions (Title V CSHCN)
Community Connections
Department of Workforce Solutions
DHS- Choices in Living Resource Center
DHS- Division of Developmental Disabilities
DHS- Division of Provider Services & Quality Assurance
DHS- Parent Advisory Council
East Arkansas Area Agency on Aging
Empower Health Care Solutions (PASSE)
Frank & Barbara Broyles Legacy Foundation
Lonoke County Council on Aging
M-Pacting Young and Families, Inc.
NAMI Arkansas
New Life Church
Partners for Inclusive Communities/University of Arkansas
Pulaski Heights United Methodist Church
The ALS Association- Arkansas Chapter
University of Medical Sciences- Schmieding Caregiver Training Center
University of Medical Sciences, Institute for Digital Health & Innovation- Trauma Rehabilitation Resources Program
Unversity of Central Arkansas- Bears for CARE Program



ARKANSAS LIFESPAN RESPITE

RESPITE IS AMONG THE MOST CRITICALLY NECESSARY
& BENEFICIAL FAMILY SUPPORT SERVICES

ARKANSAS LIFESPAN RESPITE COALITION VISION

Improve the awareness and access of respite information and services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Arkansas. This coalition partners with the Department of Human Services-Arkansas "Take the Time" Lifespan Respite program.

WHAT IS LIFESPAN RESPITE CARE?

A short-term break for primary caregivers, ranging from a few hours in the day to a few days.

Respite care can be provided in-home or out-of-home in camps, a health care facility, or day center.

Lifespan respite includes care for recipients of any age or diagnosis.

NATIONALLY

53M

caregivers in
America



85%

do not receive any
respite services.

\$470B

is the value of
this care.

\$25.2B

in productivity is lost each
year due to caregiving.

ARKANSAS

15.3%

of the population
are caregivers



90%

do not receive any
respite services.

380M

hours of unpaid care
is provided each year.

\$4.7B

is the total economic
value of unpaid caregiving.

KEY GOALS FOR THE NEXT 5 YEARS:

- Implement a robust centralized Arkansas Lifespan Respite locator.
- Strengthen partnerships and collaborations through the Coalition.
- Update Arkansas-related caregiving data.
- Increase opportunity for caregiver input and feedback.
- Provide informational and educational caregiver outreach, particularly to underserved areas.
- Direct service opportunities and training events.
- Create legislative involvement and actions around caregivers and respite.

IMPORTANCE OF THE COALITION AND RESPITE CARE



Respite care can delay or prevent admissions to nursing homes and Human Development Centers and save the state millions.



20% of caregivers reported they "never got help or information" that they needed to support themselves or their loved one.



When family caregivers experience a decline in their own physical or emotional health, the person they have been caring for is at increased risk for hospitalization and institutionalization.



No more than 25 percent of working caregivers have access to support groups, ask-a-nurse type services, financial/legal advisors, and assisted living counselors through their respective workplaces.

RESPITE BARRIERS



Lack of lifespan respite programs available in community, and especially rural, settings



Lack of awareness of the respite services that are available



Lack of a state infrastructure to coordinate and provide awareness of available respite services

“There are four kinds of people in this world: those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers.”

- First Lady Rosalynn Carter



FOR MORE INFORMATION VISIT:
AR.GOV/ARLIFESPANRESPITE



ABOUT US

Arkansas Lifespan Respite Coalition is comprised of family caregivers as well as staff from organizations with outreach across the state, representing all populations regardless of age, income, cultural or ethnic background, or need/disability of the care recipient.

GOAL Improve the awareness and access of respite information and services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Arkansas.

MISSION Support and promote the development of a comprehensive, statewide respite and crisis care system that is responsive to the needs of caregivers and their families, and enhances the quality of life for all individuals.

VISION Create an environment within Arkansas where respite and crisis care are readily available and easily accessible to all caregivers through education and awareness.

"There are four kinds of people in this world: those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers."

- First Lady Rosalynn Carter



COME JOIN US!

FAMILIES AND PROFESSIONALS WELCOME

FUNDED THROUGH A GRANT FROM THE
ADMINISTRATION FOR COMMUNITY LIVING
AOA - LIFESPAN RESPITE CARE PROGRAM

FOR MORE INFORMATION

ARLIFESPAN.RESPITE@DHS.ARKANSAS.GOV

 **ARKANSAS**
LIFESPAN RESPITE COALITION

AR.GOV/ARLIFESPANRESPITE
1-866-801-3435



RESPITE (RESS'-PIT)

A short-term break for primary caregivers, ranging from a few hours in the day to a few days. Lifespan respite includes care for recipients of any age or diagnosis.

Respite care can be provided:

-  In-home
-  In a relative's home
-  Out-of-home in camps
-  Health care facilities
-  Faith-based programs
-  Day centers

THE HISTORY OF THE ARKANSAS "TAKE THE TIME" LIFESPAN RESPITE PROJECT

In 2013, DHS and other respite community providers and advocates across the state began meeting to form the Arkansas Lifespan Respite Coalition (ALRC). A respite summit was held that year bringing together stakeholders statewide who were interested in improving respite services and seeking out funding opportunities.

DHS, in partnership with the Arkansas Lifespan Respite Coalition, was awarded its first federal Lifespan Respite Grant in 2014 and then again in 2018. Arkansas received additional supplemental funding in 2019 to enhance respite services.

OUR PURPOSE

The Arkansas Lifespan Respite Coalition does not act in the role of a direct service provider. Its purpose is to build a statewide system to identify and coordinate respite care options for families regardless of age, special need, or other characteristics of the person needing care.

The Division of Provider Services and Quality Assurance within the Arkansas Department of Human Services serves as the central point of contact for the Arkansas Lifespan Respite project across the state.



Sarah Schmidt

From: Arkansas Department of Human Services <comms@dhs.arkansas.gov>
Sent: Thursday, September 16, 2021 10:01 AM
To: Sarah Schmidt
Subject: Arkansas Lifespan Respite newsletter: Vouchers, provider search engine, Summit recap + more

[EXTERNAL SENDER]

To view this email as a web page, go [here](#).



FALL 2021 NEWSLETTER



Respite vouchers at no cost to the caregiver

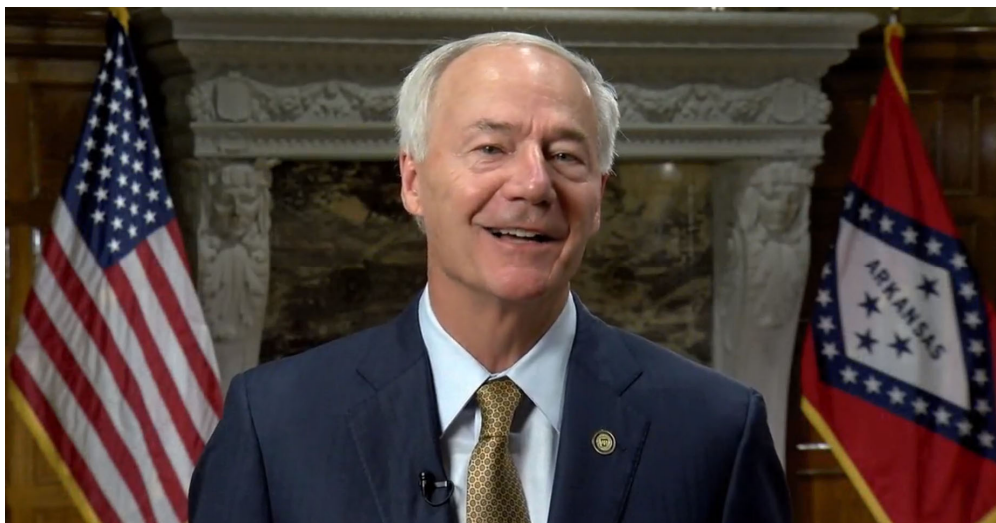
Since 2017, the Arkansas Lifespan Respite Program, funded by the Lifespan Respite Grant awarded to the Arkansas Department of Human Services (DHS), has been providing no-cost caregiver respite vouchers to family and unpaid caregivers. During 2020 and the beginning of 2021, DHS awarded sub-grants in the amount of \$47,500 to multiple organizations across the state to assist in providing respite assistance.

DHS is also working internally to develop and implement a respite voucher

program overseen by the Division of Provider Services and Quality Assurance (DPSQA). This respite voucher program will allow for both internal and external referrals. Caregivers will be able to call directly into the Choices in Living Resource Center for more information and an application. Also, other divisions across DHS who may interact with caregivers, or may have been denied services through another division, can be internally referred for outreach and assistance. We hope that this DHS voucher program will allow us to identify individuals who may have been denied services based on diagnosis or financial eligibility in one program to still be able to learn about and receive assistance through the Lifespan Respite Program. Expectations for the DHS voucher program are currently set for October 1, 2021.

**Coming soon statewide:
New respite provider
search engine**

DHS has been working to build a robust and user-friendly search engine to assist caregivers in finding a respite care provider according to their needs and their location. This search engine will be located on the DHS website and provide the capability for a caregiver to filter their search by location, payment type/method and eligibility criteria. Production of the search engine is underway and access by the public is anticipated by December 2021.



2021 Arkansas Lifespan Respite Summit

The Arkansas Lifespan Respite Coalition, in partnership with DHS, presented an all-virtual summit from July 27-29. This three-day event hosted over 89 attendees and covered topics including “Understanding What is Respite,” “How to Identify That A Caregiver Needs Respite,” Volunteer Respite Training,” and more.

The event was kicked off by Welcome Messages each day from either Arkansas Governor Asa Hutchinson or Arkansas DHS Chief of Staff Mark White.

- **Day One** of the event focused heavily on information from a caregiver’s perspective. This included a Caregiver Community Connection event which allowed caregivers an opportunity to break out into separate virtual spaces with professionals and advocates who work and are associated with issues or a diagnosis of interest to the caregiver. These professionals and advocates were able to provide resources and answer questions specific to each individual caregiver. Breakout sessions that afternoon included telehealth, Smart 911 and emergency planning, Medicare fraud prevention, senior health insurance programs, caregivers in the workforce, and self-care techniques.

- **Day Two** of the event concentrated on information from a respite provider’s perspective. This included an afternoon session topic on “Providing Respite in a Creative/Innovative Way.” Arkansas Lifespan Respite Coalition members and other advocates from the Arkansas Autism Foundation, UCA Bears for CARE, Community Connections, and GiGi’s Playhouse in Little Rock demonstrated their unique and innovative respite programs and answered questions from the attendees on building creative programs from scratch. One of the attendees stated that each “and every presenter brought a great story and great ideas! It’s amazing to see how many creative respite programs are out there.”

- **Day Three** was a collaboration day of both perspectives where we started the day with a panel discussion on “Surviving the Caregiving Experience.” Panelists consisted of various professionals in different fields related to caregiving, service provision, and legal support -- many with their own caregiving experience. The afternoon session focused on the sustainability and long-term needs and assessments when it comes to respite needs and supports within the state.

The Arkansas Lifespan Respite Coalition is currently reviewing the 2022 calendar to schedule next year’s event. Save the Date information will be provided through the DHS- Lifespan Respite website and future newsletters.

Arkansas receives new 5 year federal funding total \$1.3M for respite and caregiver support

DHS applied for and recently received a \$1.3 million grant from the federal Administration for Community Living to fund respite care for full-time caregivers through the Arkansas Lifespan Respite Care program.

The need for respite is great. When family caregivers experience a decline in their own physical or emotional health, the person they have been caring for is at increased risk for hospitalization and institutionalization. Approximately 20 percent of caregivers reported they “never got help or information” that they needed to support themselves or their loved one.

“This grant funding allows us to continue to meet the critical needs of caregivers in Arkansas through respite services.”

- Martina Smith, DPSQA Director

Funding to hire respite caregivers or pay for specialized respite programs for clients is made available statewide through a network of community organizations who partner with DHS and the Lifespan Respite program. Other opportunities available to caregivers and respite volunteers through the federal funding include no-cost training offerings through a partnership with DHS and the UAMS Schmieding Caregiver Home Care Program.

The respite program has been in place for several years. In 2013, DHS and other respite community providers and advocates across the state began meeting to form the Arkansas Lifespan Respite Coalition. DHS, in partnership with the Arkansas Lifespan Respite Coalition, was awarded its first federal Lifespan Respite Grant in 2014 and then again in 2018. Arkansas received supplemental funding in 2019 to enhance respite services. This new grant will continue these critical services and include the development of a centralized, robust provider search engine on the DHS website for caregivers to easily search for and filter information to find respite services in their area. Grant funding will also allow Arkansas to conduct a statewide census analysis on caregiving status and needs specific to our state and our Arkansans.



Free volunteer respite training courses

For the past six years, the UAMS Schmieding Home Caregiver Training Program has partnered with the Arkansas Lifespan Respite Coalition and Arkansas Department of Human Services to provide free volunteer respite training courses statewide. Training for volunteer respite providers, caregivers and community and faith-based groups.

The REST (Respite Education and Support Tools) method is an evidence-based training providing education directly to those who serve as caregivers and provide respite support to caregivers. Training topics include communication techniques, respite activities, precautions, crisis intervention, understanding behaviors and more.

Each year, UAMS provides trainings at each of their seven Schmieding Caregiver Centers located in El Dorado, Fort Smith, Jonesboro, Little Rock, Springdale and Texarkana.

For more caregiver resources and trainings, you can visit go.UAMS.edu/respite or UAMScaregiving.org.

Coalition Membership Application
Arkansas Lifespan Respite Coalition

Name of Organization: _____

Address of Organization: _____

Name of Organization's Representative: _____
(Note: Arkansas Representatives must agree to these actions on behalf of the organization which it comes to work with the coalition and actively participate in coalition activities)

Representative's Title/Credentials: _____

Email Address: _____

Representative Phone: Work: _____ Cell: _____

Alternate Contact: _____
(Note: Alternate Contact must be an alternate representative representative who can make decisions on behalf of the organization when it comes to work with the organization and actively participate in the coalition's operations)

Alternate Email: _____ **Alternate Phone:** _____

Organization's Website: _____

Organization's Mission Statement: _____

Please select a designation for type of organization applying for coalition membership:

Advisory Group Medicaid/Medicare Provider Academic Organization
 Non-Profit Other Healthcare Organization State Government Office/Division
 Arkansas PASS Other, please specify: _____

Please indicate a Regional Designation or a State-wide Designation for your Organization's Involvement:

I am with Designation Organization but alternate primary Regional Designation Organization has no regional presence

Select below one or more Arkansas Regions as appropriate for your participation. (See attached map of Arkansas regions.)

Northwest White River East Southeast
 Central West Central Southwest West

How much time per month can your organization or your organization's representative dedication to coalition work? _____

How did you hear about the Arkansas Lifespan Respite Coalition? _____

What is your organization looking to gain from participating in the coalition? _____

New look to the Arkansas Lifespan Respite Coalition membership application

If you are interested in becoming a coalition member and participating on the many activities and goals the coalition is currently focused on, a new membership application form has been added to the Arkansas Lifespan Respite webpage.

[Download application form](#)



This email was sent to: **Sarah.Schmidt@dhs.arkansas.gov**

This email was sent by: AR Department of Human Services
700 S. Main St. Little Rock, AR 72206 US

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Sarah Schmidt

From: Arkansas Department of Human Services <comms@dhs.arkansas.gov>
Sent: Thursday, December 16, 2021 10:01 AM
To: Sarah Schmidt
Subject: Arkansas Lifespan Respite newsletter: Volunteers for video, provider search locator, voucher applications + more

[EXTERNAL SENDER]

To view this email as a web page, go [here](#).



WINTER 2021 NEWSLETTER

Volunteers needed to participate in respite awareness video

In efforts to launch a wide scale awareness campaign, DHS is looking for anyone interested in participating by sharing their caregiver or respite stories. If you are a family caregiver who needs respite or has used respite, or if you are a respite provider, please reach out to ARLifespan.Respite@arkansas.gov for more information.



Lifespan Respite Provider Locations
Division of Provider Services and Quality Assurance

Provider Name: All | Medicaid Provider: All | Medicare Provider: All | Ages Served: All | County Served: All | Reset Filter(s) | Data as of 12/14/2021

Provider List

- ALS Association Arkansas Chapter-All-Statewide
- Alzheimer's Arkansas-All-Statewide
- ARChoices Medicaid Waiver Program-All-Statewide
- Area Agency on Aging of Northwest Arkansas-Baxter
- Area Agency on Aging of Northwest Arkansas-Benton
- Area Agency on Aging of Northwest Arkansas-Boone
- Area Agency on Aging of Northwest Arkansas-Carroll
- Area Agency on Aging of Northwest Arkansas-Madison
- Area Agency on Aging of Northwest Arkansas-Maion
- Area Agency on Aging of Northwest Arkansas-Newton
- Area Agency on Aging of Northwest Arkansas-Searcy
- Area Agency on Aging of Northwest Arkansas-Washington
- Area Agency on Aging of Southeast Arkansas-Arkansas
- Area Agency on Aging of Southeast Arkansas-Ashley
- Area Agency on Aging of Southeast Arkansas-Bradley
- Area Agency on Aging of Southeast Arkansas-Calhoun
- Area Agency on Aging of Southeast Arkansas-Chicot**
- Area Agency on Aging of Southeast Arkansas-Clark
- Area Agency on Aging of Southeast Arkansas-Cleveland
- Area Agency on Aging of Southeast Arkansas-Desha
- Area Agency on Aging of Southeast Arkansas-Drew
- Area Agency on Aging of Southeast Arkansas-Grant
- Area Agency on Aging of Southeast Arkansas-Jefferson
- Area Agency on Aging of Southeast Arkansas-Lincoln
- Area Agency on Aging of Western Arkansas-Crawford
- Area Agency on Aging of Western Arkansas-Franklin
- Area Agency on Aging of Western Arkansas-Logan
- Area Agency on Aging of Western Arkansas-Polk
- Area Agency on Aging of Western Arkansas-Scott
- Area Agency on Aging of Western Arkansas-Sebastian
- Area Agency on Aging West Central Arkansas-Clark
- Area Agency on Aging West Central Arkansas-Conway
- Area Agency on Aging West Central Arkansas-Garland
- Area Agency on Aging West Central Arkansas-Hot Spring
- Area Agency on Aging West Central Arkansas-Johnson
- Area Agency on Aging West Central Arkansas-

Provider Name
Area Agency on Aging of Southeast Arkansas

County Served
Chicot

Services Offered
Respite care insures safety, improves general welfare and assists clients in avoiding institutionalization

Ages Served
60+

Eligibility Criteria
If eligible, caregiver could receive \$500 grant

Medicaid Provider Yes | **Medicare Provider** Yes

Self Employed/Independent
No

Cost of Service
Varies by service

Address
709 East 8th PO Box 8569, Pine Bluff AR 71611

Hours of Operation
M-F 8am to 5pm

Phone
870-543-6300

Email
www.aasea.org

Website
www.aasea.org

Now available: Respite Provider Search Locator

Needing respite but not sure where to find a respite worker?

To better assist family caregivers in finding qualified respite providers or independent respite workers, DHS has built an online, user-friendly search engine available on the DHS website. This search engine provides the caregiver the capability to filter their search by provider name, payment type/method, ages served, or county served. The search results will provide the caregiver with contact information for the provider, link to the provider's website (if applicable), and any eligibility criteria the provider had for services.

Respite providers included in the search engine may be an agency, other professional entity, or a self-employed/independent individual who has successfully complete the soon-to-be-released Lifespan Respite Care Provider Certification. The search engine is not an exhaustive list with every respite provider in the state. While we strive to provide as much information as possible and as accurately as possible, it is up to the respite provider to request to be placed on the search engine for public access. Respite providers can submit their service information form directly from the search engine.

To use the search engine and find a provider near you, go to: humanservices.arkansas.gov/u/respite-search



Coming soon statewide: Free online respite provider training and certification

On January 1, 2022, DHS, along with the Arkansas Lifespan Respite Coalition, will release an free, online respite care worker training and certification course. Known as the Respite Care Provider Training (RCPT), these courses are designed for anyone interested in providing respite care to individuals with varying disabilities and ages across the lifespan. Learners can work at their own pace, starting and stopping as needed to complete all 10 modules. The RCPT is designed as an entry level training program suitable for individuals who have never provided respite before, along with individuals who currently serve as a respite provider. Certification of the RCPT modules will allow individuals to appear as an available respite service provider on Arkansas' new respite search locator.

Course topics include:

- What is Respite
- Disability Basics for Respite Providers
- Client Care for Respite Providers
- Medication Awareness for Respite Providers
- Safety Procedures for Respite Providers
- Caring for Challenging Moments for Respite Providers
- Wellness, Household, and Respite Activities
- Professional Ethics and Interpersonal Skills for Respite Providers
- Meeting with the Caregiver and Care Recipient
- Next Steps in Becoming a Respite Provider

The course is a product of the Respite Provider Recruitment, Training and Retention Project that Arkansas is participating in with 10 other states nationwide.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Arkansas Department of Human Services
LIFESPAN RESPITE VOUCHER PROGRAM APPLICATION

Please include W-9 form with application.

Section 1: CARE RECIPIENT INFORMATION (Form with both sides must be completed. Fill form original. 242 Care or equivalent)

Name: _____ Date of Birth: _____ Gender: Male Female

Living: Lives alone With spouse With spouse & other relative With other relative With parent(s) With grandchild With other relative With parent(s) With son or daughter With grandchild With other relative

Age: _____ Social Security Number: _____

Medical Number (if applicable): _____

Number of persons living in household: _____

Race/Ethnicity: Native American or Alaska Native Asian or Asian American Black or African American Hispanic or Latino White Native Hawaiian or Pacific Islander White/Caucasian Other (specify): _____

Marital Status: Married Widowed Divorced Other (specify): _____

Residing Address: _____ PO Box (if applicable): _____

City: _____ State: _____ Zip Code: _____ County: _____

Does the Care Recipient need help with any self-care activities? (check all that apply)

Bathing Feeding Dressing Household Chores Driving Transferring Mobility Meal Prep Toileting Medication Managing Finances Grocery Shopping Transportation Risk Factors Provide Companionship Communication Skills Specialized Medical Care (woundcare, tube feeding, physical therapy) Manage Challenging Behaviors Other _____

Requester of Care Recipient: _____

Check all needs experienced by Care Recipient that require supervision:

Cognitive Impairment or Dementia Functional Limitation due to Aging Physical Disability Behavioral Challenge Intellectual Disability Learning Disability Other (specify): _____

Developmental and/or Intellectual Disability Mental Health Issues

Is the Care Recipient receiving any care through Medicaid or any other program that provides respite care? (anything that could be considered a respite from caregiving)

Yes (specify): _____ No

Is the Care Recipient at high risk for exit of home (personally, family care)? (Exit is leaving home, leaving care, medical health institution, group home)

Yes No

Is the Care Recipient a Veteran? Yes No

Section 2: PRIMARY CAREGIVER INFORMATION (Parent, Spouse, other Family/Friend providing on going care)

Name: _____ Gender: Male Female Age: 18 or younger 19-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

Are you a veteran? Yes No

Race/Ethnicity: Native American or Alaska Native Asian or Asian American Black or African American Hispanic or Latino White Native Hawaiian or Pacific Islander White/Caucasian Other (specify): _____

Relationship to the Care Recipient is: Parent Spouse Other (specify): _____

Legal Guardian Parent Biological Parent

Adult Child Sibling Power of Attorney Daughter/Son (in law)

Grandchild Grandparent Neighbor Other (specify): _____

Spotlight: Arkansas Lifespan Respite Vouchers

Now taking applications!

On November 1, 2021, DHS- DPSQA's Choices in Living Resource Center began taking respite voucher applications through the Arkansas Lifespan Respite Voucher Program. Family caregivers may apply for financial assistance in paying for respite support every 90 days, receiving \$300 each quarter and up to \$1,200 annually.

[Click here to learn more about the voucher program or to access the voucher application.](#)

Notable achievements and events

November 2021 was proclaimed by Arkansas Governor Asa Hutchinson as Lifespan Respite Awareness Month.

To review and read the proclamation in its entirety, go to ar.gov/arlifespanspate



TO ALL TO WHOM THESE PRESENTS COME - GREETINGS:

WHEREAS: Families are Arkansas's most valuable resource for caring for loved ones who have extraordinary needs such as developmental and physical disabilities, mental and emotional disorders, Alzheimer's disease and related dementias, and extreme medical needs; and

WHEREAS: Parents and caregivers of individuals with extraordinary needs spend much of their time with direct personal care, which is physically and emotionally stressful; and

WHEREAS: Supports from the extended family and community are not always available or adequately trained to care for children and adults with extraordinary needs; and

WHEREAS: Respite is the act of providing physical and emotional relief to families who are responsible for day-to-day care of loved ones with extraordinary needs; and

WHEREAS: Respite care in its many forms strengthens the ability of families and caregivers to meet the challenging and intensive demands of ongoing care and to cope in times of family crisis; and

WHEREAS: Respite care services can reduce the costs society must bear in dealing with the results of abuse and neglect, and these services can help keep families out of already overburdened and expensive social welfare and criminal justice systems; and

WHEREAS: Having periodic respite care enables many families and caregivers to be more active participants in their communities;

NOW, THEREFORE, I, ASA HUTCHINSON, Governor of the State of Arkansas, by virtue of the authority vested in me by the laws of the State of Arkansas, do hereby proclaim November 2021, as

LIFESPAN RESPITE AWARENESS MONTH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Arkansas to be affixed this 2nd day of July, in the year of our Lord 2021.



This email was sent to: **Sarah.Schmidt@dhs.arkansas.gov**

This email was sent by: AR Department of Human Services
700 S. Main St. Little Rock, AR 72206 US

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APPENDIX VI

Respite Data

- Name of person answering questions (“caregiver”)
- Name of person in need of receiving care (“care recipient”)
- Date/Time of data collection
- Collection method used

GENERAL QUESTIONS RE: CAREGIVER/DEMOGRAPHICS	ANSWER OPTIONS
Are you the primary caregiver of the care recipient?	Yes; No; I am one of multiple primary caregivers
What is your relation to the care recipient?	Birth Parent; Adoptive Parent; Foster Parent/Care Provider; Child; Grandparent; Grandchild; Sibling; Spouse; Other Relative; Family Friend
Do you reside in the same household as the care recipient?	Yes; No
How long have you been a primary caregiver to the care recipient?	Less than 1 month; more than 1 month but less than 6 months; more than 6 months but less than a year; 1-3 years; 3-5 years 5+ Years
Caregiver Sex	Male; Female; Do not wish to disclose
Caregiver Age Range	Younger than 18 years of age; 18-29; 30-39; 40-49; 50-59; 60+
Caregiver Ethnicity	Native American; African American; Hispanic; Asian; Pacific Islander; Caucasian; Marshallese; Mixed; Other [specify]
Caregiver Marital Status at time of survey	Married or sharing household with significant other; Single; Divorced; Widowed; Separated
Family’s family housing status	Own; Rent; Transitional Housing (shelter, temporarily with friends/family); homeless
County of Residence	[List all of Counties in Arkansas]
Family’s income at time of survey	\$0-\$10,000; \$10,000-\$20,000; \$20,000-40,000; \$40,000-\$60,000; \$60,000-\$80,000; \$80,000 +
Caregiver’s education level at time of survey	Less than H.S. Diploma/GED; H.S. Diploma/GED; Some College; Associates Degree; 4 yr College Degree; Masters Degree; Doctorate
Are there (other) children living in the home?	Yes; No; Occasionally
Are there (other) adults living in the home?	Yes; No; Occasionally

GENERAL QUESTIONS RE: CARE RECIPIENT/DEMOGRAPHICS	ANSWER OPTIONS
Care recipient Sex	Male; Female; Do not wish to disclose
Care recipient Age Range	Younger than 18 years of age; 18-29; 30-39; 40-49; 50-59; 60+
Care recipient Ethnicity	Native American; African American; Hispanic; Asian; Pacific Islander; Caucasian; Marshallese; Mixed; Other [specify]

Care recipient's family housing status (if does not reside in same home as caregiver)	Same as Caregiver (same residence); Own; Rent; Transitional Housing (shelter, temporarily with friends/family); homeless
County of Residence (if does not reside in same home as caregiver)	[List all of Counties in Arkansas]
Care recipient diagnosis	[Free form depending their answer]
Age range when care recipient received diagnosis	Younger than 18 years of age; 18-29; 30-39; 40-49; 50-59; 60+
Does the care recipient currently receive any state-plan or Medicaid waiver program services?	Yes*; No**; Don't Know/Unsure** *If Yes, ask questions from: IF CURRENT SERVICES PROVIDED **If No or Unsure, as questions from: IF NO CURRENT SERVICES PROVIDED

GENERAL QUESTIONS RE: CARE RECIPIENT NEEDS	ANSWER OPTIONS
How many hours of care do you provide to the care recipient per week?	Less than 20; More than 20
What overall level of assistance do you provide to the care recipient?	No Assistance; Occasional Assistance; Frequent Assistance; Continuous Assistance; Don't Know/Unsure
Indicate level of assistance the care recipient needs with medication assistance (i.e. taking RX medications)	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with transportation	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with meal prep (ie. Grocery Shopping, Cooking)	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with feeding	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with personal hygiene (ie. Bathing, hand washing)	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with toileting	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with dressing	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with dental/oral care	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with communication	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply
Indicate level of assistance the care recipient needs with financial/money management (ie. Banking, Paying Bills, etc)	No difficulty; Some difficulty; Much difficulty; Total Dependence; Don't Know/Doesn't Apply

Are there any other areas in which the care recipient requires level of assistance that you as the caregiver provide?	[Specify]
Has the care recipient ever been placed in foster care, residential group care, institutional care or some other form of out-of-home living arrangement?	Yes [specify]; No
Are you aware of any history of abuse/maltreatment against the care recipient?	Yes there is a history; No there is no history; Don't Know/Unsure

GENERAL QUESTIONS RE: CAREGIVER EMPLOYMENT	ANSWER OPTIONS
Caregiver's employment status	Full-time (32hours/week +) Outside the Home; Part-time (Less than 32hours/week) Outside the Home; Full-time Work from Home; Part-time Work from Home; Unemployed/Stay-At-Home
How far do you travel to/from (round trip) your employer or place of work?	Unemployed/Stay At-Home; Work from Home; Within 10 miles of Home; 10-25 miles; 25-50 miles; 50+ miles
Length of current employment at time of survey	Less than 1 month; more than 1 month but less than 6 months; more than 6 months but less than a year; 1-3 years; 3-5 years 5+ Years
How many employment positions/jobs have you held since becoming a caregiver?	
Reason for employment change? [for all employment changes listed above]	Promotion; Demotion; Retirement; Termination; Resignation
Since becoming a caregiver, have you suffered any work-related issues or difficulties as a relation to caregiver conflicts or responsibilities?	Yes; No; Unsure/Doesn't Apply
If yes; which of the following have you experienced?	Tardiness; Excessive Leave Requests; FMLA Needs; Disciplinary Action; Low Productivity; Difficulty Concentrating; Reduction of Work Hours; Demotion; Termination; Other [specify]
Is your employer aware that you are a primary caregiver to a care recipient outside of work?	Yes; No; Unsure/Doesn't Apply
Do you feel that your employer is understanding or takes your caregiving responsibilities into consideration in your job functions/environment?	Yes; No; Unsure/Doesn't Apply
Does your employer provide any assistance that relate to or assist you with your caregiver responsibilities?	Yes [specify]; No; Unsure/Doesn't Apply

GENERAL QUESTIONS RE: STRESS LEVEL AND NEED	ANSWER OPTIONS
---	----------------

On a scale of 1 to 5, how would you rate your overall stress (physical, emotional, mental and financial) level as a caregiver?	
On a scale of 1 to 5, how would you rate your physical stress level due to your caregiver duties?	
On a scale of 1 to 5, how would you rate your emotional stress level due to your caregiver duties?	
On a scale of 1 to 5, how would you rate your mental stress level due to your caregiver duties?	
On a scale of 1 to 5, how would you rate your financial stress/strain due to your caregiver duties?	
Have you ever felt you have been unable to provide the best possible care for the care recipient?	Yes; No; Don't Know/Unsure

FAMILIAL, CULTURAL OR OTHER SUPPORTS	ANSWER OPTIONS
Does the care recipient have any informal support system in place to assist in providing for their needs/care? (ie. Church/Faith-based Organization)	Yes; No; Don't Know/Unsure
Are there other family members or friends who play an active role in caring for the care recipient?	Yes; No; Don't Know/Unsure
How much do you feel your or the care recipient's cultural identity/background affect or play a role in caregiving and caregiving support?	
As a caregiver, has your relationship with your spouse/significant other suffered due to caring for the care recipient?	
As a caregiver, has your relationship with other family members suffered due to caring for the care recipient?	
As a caregiver, has your relationship with the care recipient suffered due to caring for that person?	
How likely is it that separation or divorce might occur in your family due to caregiving duties/responsibilities?	Highly unlikely; Quite unlikely; Somewhat unlikely; Not Sure; Somewhat Likely; Quite Likely; Highly Likely

GENERAL QUESTIONS RE: KNOWLEDGE AND ACCESS OF RESPITE CARE	ANSWER OPTIONS
Are you aware of what respite care is?	Yes; No [provide explanation]
Are you aware of where to request or access respite care here in the state of Arkansas?	Yes; No

Have you ever attempted to find respite care services previously?	Yes; No
How difficult is it to find caregiver relief?	Not at all; Slightly difficult; Somewhat difficult; Moderately difficult; Quite a bit; Very difficult; Extremely difficult
How did you learn about respite services?	Family/Friend; M.D. or Clinician Referral; Church/Faith-Based Organization; Support Group(s); State/Local Agency
Would you feel comfortable hiring an individual (outside of a service provider organization) whom you were not already familiar with if you knew that they had received basic respite/client care knowledge and been issued a Respite Care Worker Certification? (Basic care knowledge includes client care, medication administration, abuse/maltreatment, professional ethics and interpersonal skills; communicating with primary caregiver and care recipient on care person-centered care plan; how to handle challenging moments, etc.)	Yes; No; Don't know/Unsure

QUESTIONS RE: IF NO CURRENT SERVICES PROVIDED	ANSWER OPTIONS
Have you ever received any respite services as a caregiver from your caregiver duties?	Yes; No *If Yes, ask questions re: IF HAVE RECEIVED RESPITE **If No, ask questions re: IF HAVE NOT RECEIVED RESPITE
If no, have you ever applied for caregiver respite services or other state-plan or waiver services and been denied?	Yes; No
If denied, what was the reason for denial?	Financial ineligibility; Medical ineligibility; Other [specify]
Is the care recipient on any waitlists for respite or other services at this time?	Yes [specify]; No
Have you ever been offered respite services but been unable to find a respite caregiver/worker?	Yes; No

QUESTIONS RE: IF CURRENT SERVICES PROVIDED	ANSWER OPTIONS
Which state-plan or Medicaid waiver program do you receive services under?	
How long has the care recipient been receiving these services?	Less than 1 month; more than 1 month but less than 6 months; more than 6 months but less than a year; 1-3 years; 3-5 years; 5+ Years
Does your service plan include respite care?	Yes; No; Don't Know/Unsure

	*If Yes, ask questions re: IF HAVE RECEIVED RESPITE **If No, ask questions re: IF HAVE NOT RECEIVED RESPITE
How much respite support does your service plan provide on an annual basis?	Weekly; Bi-weekly; Monthly; Quarterly; As Needed; Other [specify]
What other services do you currently receive in your state or waiver plan?	

QUESTIONS RE: IF HAVE RECEIVED RESPITE	ANSWER OPTIONS
If yes, when was the last time you received a respite break?	Less than 1 month; more than 1 month but less than 6 months; more than 6 months but less than a year; 1-3 years; 3-5 years; 5+ Years
If yes, what method of respite was used?	In-Home by a Provider; In-Home by a Friend/Family Member; Out-of-Home by a Provider; Out-of-Home by a Friend/Family Member; Day/Weekend Camp Setting; Support Group Setting; Specialized Respite Event
If yes, how long did the respite service last?	At least 1 hour but less than 24 hours; 1-2 days; 3 or more days
If yes, was the length and method of respite received able to meet your needs?	Yes; No; Don't Know/Unsure
How difficult is it to find a respite caregiver/worker to provide you a much-needed caregiver break?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
Did you need financial assistance to pay for the respite you received?	Yes; No; Received through state or waiver service plan
Before receiving respite services, to what degree did you have opportunities and time to engage in recreational activities of your choice?	Not at all; Somewhat; Occasionally; Often; As much as possible
After receiving respite services, to what degree do you have opportunities and time to engage in recreational activities of your choice?	Not at all; Somewhat; Occasionally; Often; As much as possible
What capacity did you use respite in?	Run errands; Medical Appointments; "Date Night" or Spend time with spouse/significant other; Travel/Vacation; Attend social event; Attend support group(s); Visit Family/Attend Family Function; Self-care/Rest; Other [specify]
To what degree did the care recipient express/demonstrate enjoyment of his/her/their experience in respite care?	Strongly dislikes respite; Dislikes respite; Shows some dislike for respite; Does not indicate either way; Shows some excitement for respite; Expresses or demonstrates enjoyment in respite; Expresses or demonstrates great enjoyment in respite

Do you feel your overall stress level and caregiver burden would increase if respite services were not available?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
With access and utilization of respite support, have you seen a positive change in the relationship you have with your spouse/significant other?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
With access and utilization of respite support, have you seen a positive change in the relationship you have with other family members?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
With access and utilization of respite support, have you seen a positive change in the relationship you have with your care recipient?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
If your access or ability to utilize respite support were to end, how significant would the change in caregiving stress be for your family?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely

QUESTIONS RE: IF HAVE NOT RECEIVED RESPITE	ANSWER OPTIONS
To what degree do you have opportunities and time to engage in recreational activities of your choice?	Not at all; Somewhat; Occasionally; Often; As much as possible
If respite support was available to you, to what degree would you have opportunities and time to engage in recreational activities of your choice?	Not at all; Somewhat; Occasionally; Often; As much as possible
What capacity would you use respite in?	To relieve stress; To care for myself; To care for personal business; Improve relationship with spouse/partner; Improve relationship with other family members; Other [specify]
Would you need financial assistance to pay for the respite you received?	Yes; No; Don't Know/Unsure
If respite support was available to you, do you feel there would be a positive change in the relationship you have with other family members?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely
If respite support were available to you, do you feel there would be a positive change in the relationship you have with your care recipient?	Not at all; Slightly; Somewhat; Moderately; Quite a bit; Very Much; Extremely

FINAL QUESTIONS	ANSWER OPTIONS
Are you aware of the Arkansas Lifespan Respite Program?	Yes; No
Do you feel that respite care could be a cost-effective method to assist you in providing in-home and community-based care to the care recipient?	Yes; No; Unsure

Do you feel that respite care could minimize the risk or postponing out-of-home placement to individuals if caregivers had better access to it?	Yes; No; Unsure
Would you like to be contacted regarding where to find respite services in your area?	Yes; No
Contact information you would like to provide for more information	Email: Phone:
Any additional comments concerning respite care?	[Free form]

DRAFT



ARKANSAS DEPARTMENT OF HUMAN SERVICES

For Immediate Release:

August 12, 2021

Media Contact:

Amy Webb

Chief of Communications

amy.webb@dhs.arkansas.gov

Gavin Lesnick

Deputy Chief of Communications

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\$1.3 Million Grant Awarded to DHS for Respite Services for Caregivers, Help Available Statewide with No Income Requirements

(LITTLE ROCK, Ark.) – Being a full-time caregiver can be difficult, especially if caregivers don't have a way to take a break. That's why the Arkansas Department of Human Services (DHS) applied for – and recently received – a \$1.3 million grant from the federal Administration for Community Living to fund respite care for full-time caregivers through its Arkansas Lifespan Respite Care program.

Lifespan respite care is a short-term break for primary caregivers, ranging from a few hours in the day to a few days. Respite care can be provided in-home or out-of-home in camps, a health care facility, or day center. Lifespan respite includes care for recipients of any age or diagnosis. Those being cared for can be children with serious health issues or a disability or adults dealing with issues such as Alzheimer's or cancer.

“This grant funding allows us to continue to meet the critical needs of caregivers in Arkansas through respite services,” said Martina Smith, Director of the Division of Provider Services and Quality Assurance (DPSQA) at DHS.

The need for respite care is great. When family caregivers experience a decline in their own physical or emotional health, the person they have been caring for is at increased risk for hospitalization and institutionalization. Approximately 20 percent of caregivers reported they “never got help or information” that they needed to support themselves or their loved one.

Funding to hire respite caregivers or pay for specialized respite programs for clients is made available statewide through a network of community organizations who partner with DHS and the Lifespan Respite program. To find respite partners in your area, visit ar.gov/arlifespanspitem and click on “Caregiver Resources.” Caregivers also can call toll-free 1-866-801-3435 or email arlifespanspitem@dhs.arkansas.gov for more information.

The respite program has been in place for several years. In 2013, DHS and other respite community providers and advocates across the state began meeting to form the Arkansas Lifespan Respite Coalition. A respite summit was held that year bringing together stakeholders statewide who were interested in improving respite services and seeking out funding opportunities.

DHS, in partnership with the Arkansas Lifespan Respite Coalition, was awarded its first federal Lifespan Respite Grant in 2014 and then again in 2018. Arkansas received supplemental funding in 2019 to enhance respite services. This new grant continues these critical services.

For more information about programs offered through DHS and DPSQA, visit humanservices.arkansas.gov.

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https://www.thecabin.net/vanburen/up-to-1-200-available-from-dhs-for-respite-services-for-caregivers/article_80622249-454a-57c0-a867-fdbd82ab0495.html

Up to \$1,200 Available from DHS for Respite Services for Caregivers

Van Buren County Democrat

Nov 3, 2021

LITTLE ROCK — Accessing temporary, short-term respite care for individuals of any age with a disability or special need can be real lifeline for full-time caregivers. That's why the Arkansas Department of Human Services (DHS) has announced the Arkansas Lifespan Respite Voucher Program to help caregivers pay for temporary, short-term respite care.

Funding is now available to eligible Arkansas caregivers of children or adults who reside in the same household as the person receiving care. Families can receive \$300 per within a 90-day period, or quarter. Families can apply for the funding each quarter, potentially getting up to \$1,200 in a 12-month period. These funds are available thanks to a \$1.3 million grant from the federal Administration for Community Living to fund respite care for full-time caregivers through its Arkansas Lifespan Respite Care program.

Lifespan respite care is a short-term break for primary caregivers, ranging from a few hours in the day to a few days. Respite care can be provided in the family home; the home of a neighbor, friend, or family member; adult day centers; respite centers; residential care facilities; group homes; recreational settings; community-based programs; hospitals, etc. Lifespan respite includes care for recipients of any age or diagnosis. Those being cared for can be children with serious health issues or a disability or adults dealing with issues such as Alzheimer's or cancer.

"Getting the chance to take a break is so important for full-time caregivers," said Martina Smith, Director of the Division of Provider Services and Quality Assurance at DHS. "Caring for a loved one full-time is a labor of love, but it is difficult, both physically and mentally. This voucher program allows caregivers to hire trusted individuals to care for their loved ones for a short time while they recharge and take care of themselves. In the long run, this helps everyone, and we're happy to give full-time caregivers this opportunity."

Caregivers can get the application form [here](#) or by calling the DHS Choices in Living Resource Center at 1-866-801-3435. Caregivers also will need to provide a W-9 form (which can be downloaded [here](#)) and proof of the individual's disability/special need (the application form has a list of acceptable documents).

There is no deadline to apply, but applications will be reviewed on a first come, first served basis until the available funding runs out. After an application is received, caregivers will be contacted within 14 business days to inform them of the status of their application (either approved or denied).

If the application is approved, a check is mailed directly to the caregiver. The caregiver is responsible for selecting and paying the respite provider. The \$300 must be used during the approved award term (provided on the award letter). Any unused funding must be returned to the program once the award term ends.

Caregivers do not have to use the \$300 all at one time; it can be spread out over different periods of respite care during the award term. For example, caregivers may choose to use \$200 to offset the cost of a week-long respite care program, and \$100 to reimburse the cost of an individual providing in-home respite for a weekend while they travel out of town.

Caregivers can learn more about the Arkansas Lifespan Respite Voucher Program and connect with respite providers in their area by visiting www.ar.gov/arlifespansrespite and clicking on "Caregiver Resources." Caregivers also can call toll-free 1-866-801-3435 or email arlifespans.respite@dhs.arkansas.gov for more information.

For more information about programs offered through DHS visit humanservices.arkansas.gov.

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Division of Provider Services and Quality Assurance

Arkansas Lifespan Respite Voucher Application

Welcome to the **Arkansas Lifespan Respite Voucher Program**! This program is a resource for family caregivers who have limited access to respite care and/or other supports through current systems. The purpose of the program is to meet planned respite needs for unserved and underserved family caregivers by providing financial assistance to access respite. (NOTE: This program may not be used to provide ongoing, continuous, or full-time supervision/care for a person with special needs during caregiver's work hours, etc.)

Application Instructions:

Caregivers of individuals of all ages and special health care needs are welcome to apply. Examples of special needs are developmental disabilities; traumatic brain injuries, physical disabilities; chronic illness; physical, mental or emotional conditions that require supervision; cognitive impairments such as Alzheimer's disease or dementia; or persons at risk of abuse & neglect. Fill out the application and return it via email, fax, or postal mail, along with a W-9 form. All sections of the application must be complete in order for your application to be reviewed for consideration. Applications are accepted on a continuous cycle. If you provide care to more than one care recipient, complete one application for each individual; however only one award will be granted per household.

Voucher awards are distributed on a first come-first served basis. Voucher funds can only be used for respite services within the award term. No funds are guaranteed. Any unused funds at the end of the award term will be returned to DHS.

You may submit your completed application and W-9 form to:

Postal mail:	Division of Provider Services & Quality Assurance	Email/Scan: ARLifespan.Respite@dhs.arkansas.gov
	ATTN: Arkansas Lifespan Respite Voucher Program	Fax: (501) 682-8155
	P.O. Box 1437, Slot S428	Questions: (866) 801-3435
	Little Rock, AR 72203-1437	

Qualifications:

Caregivers of individuals who need support with personal care, supervision, and monitoring, may find themselves in need of respite (or short breaks) from time to time. Applicants must meet the following criteria to qualify for a respite voucher:

Eligibility Checklist: *Must meet all listed requirements to be considered for voucher funds*

- The family caregiver provides unpaid care for a family member, friend, or neighbor (broadening the definition of "family"); both individuals live in Arkansas.
- Family caregiver provides full-time care (40 hours or more) weekly.
- The care recipient has a "**special need**" (please see explanation box on the following page).
- The caregiver can utilize the respite voucher over an approximately 90-day period, or by the expiration date on award letter. *Please note unused funds must be returned.*
- The family is not currently receiving any respite care through other funding or programs (i.e., Medicaid waiver, Area Agency on Aging voucher). *This voucher is designed as a Payer of Last Resort. The family caregiver can receive a respite voucher if on a funding wait list or respite is unavailable on their current service program or has been denied respite services with their current service program.*

Important Program Information:

Vouchers are financial assistance to support **unpaid family caregivers** in accessing respite. All eligibility criteria must be met, and applications must be complete. Award letters will be distributed upon approval for voucher funding. Follow instructions on the award letter to utilize the respite voucher.

Voucher recipients may choose their own respite provider and schedule services within the award term noted on the letter. This may be a licensed service provider within the State of Arkansas, family, friend, etc. YOU are responsible for selecting, hiring, and training a respite care provider of your choice, at a time that is convenient for you and the care recipient. You may also use a community respite program (i.e., weekend respite program, therapeutic summer camp, adult day program). The respite provider you choose **MUST be at least 18 years old and cannot be someone who currently resides in the same home as the care recipient**. The respite provider cannot be a legal guardian or Power of Attorney to the care recipient. The Arkansas Department of Human Services, Division of Provider Services and Quality Assurance, or any of its affiliates cannot be held liable for respite provider actions. **Funds may only be used for services that occur between the award date and expiration date**, approximately 90 days. Funds cannot be used for existing balances of services outside the award term. Funds may only be used for the care recipient on the application. Funds may not be used to reimburse household expenses or daycare; funds must be used for payment of an individual respite care provider or an organization that provides respite.

Vouchers will be awarded on a **first-come, first-served basis** to those who qualify with priority given to applicants in financial hardship. Voucher awards are set at **\$300.00 per award term**. You may apply a maximum of 4 times in one calendar year. Eligible families who have not previously received a voucher will be given priority. Families may receive a **maximum of \$1,200.00 from this program in one calendar year**.

Voucher funding will be made payable to you, the primary caregiver, and not to the respite care provider. YOU are responsible for payment to your respite care provider. DHS does not provide or arrange for respite care. You are responsible for negotiating the rate of pay with the respite care provider you select. You may pay more than the voucher amount received from DHS, but you will be responsible for making up the difference between the amount approved through the Arkansas Lifespan Respite Voucher Program and what you have agreed to pay the provider. (For example, if your total respite cost is \$400, you will have to pay the additional \$100, since the maximum amount of the voucher funding is \$300 through the Respite Voucher Program.)

Criteria for awards and use of the vouchers are subject to change. **Funding is limited, and no awards are guaranteed**. Refer to the *Frequently Asked Questions* available online or by request for more information.

Special Need:

As described by the Lifespan Respite Act of 2006, "special need" means:

Adult: An individual 18 years of age or older who requires care or supervision to:

1. Meet the person's basic needs;
2. Prevent physical self-injury or injury to others; or
3. Avoid placement in an out-of-home, long-term care setting

Child: An individual less than 18 years of age who requires care or supervision beyond that required of children generally to:

1. Meet the child's basic needs; or
2. Prevent physical injury, self-injury, or injury to others.

Next Steps:

You may be contacted upon receipt of application for information clarification. Please write legibly and provide accurate contact details. The Arkansas Lifespan Respite Program will contact you to announce your award status. Follow directions on the award letter to use the respite voucher. At the completion of voucher services or award term, the family caregiver will complete a Voucher Service Report and a Satisfaction Survey Questionnaire that the Division of Provider Services and Quality Assurance will provide. These forms and any other required documentation must be received to be considered for additional funding.

For additional and/or updated information about this respite voucher program and other respite resources, you may contact the Choices in Living Resource Center at (866) 801-3435 or visit the Caregiver Resources website, <https://ar.gov/arlifespansrespite>.

Voucher funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.



Arkansas Department of Human Services
LIFESPAN RESPITE VOUCHER PROGRAM APPLICATION

(See instructions. If you need assistance completing this application: call 1-866-801-3435 for a Resource Counselor).

Do you need an interpreter? Yes No If yes, what language do you prefer:

Please include W-9 form with application.

Section 1: CARE RECIPIENT INFORMATION *(Person with special need requiring full time ongoing 24/7 care or supervision)*

Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Living Arrangements: <input type="checkbox"/> Lives alone <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse & other relatives <input type="checkbox"/> With other relatives <input type="checkbox"/> With grandparent(s) <input type="checkbox"/> With non-relative(s) <input type="checkbox"/> With parent(s) <input type="checkbox"/> With son or daughter <input type="checkbox"/> With grandchild <input type="checkbox"/> With sibling(s) Total # of persons living in household? _____	Social Security Number: 	
Care Recipient Race/Ethnicity: <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Marshallese <input type="checkbox"/> Other/Unknown: _____		Medicaid Number: (if applicable)
Mailing Address: _____ PO Box # (if applicable) _____		
City: _____	AR	Zip Code: _____ County: _____
Does the Care Recipient need help with any self-care activities: (check all that apply) <input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Grooming <input type="checkbox"/> Household Chores <input type="checkbox"/> Dressing <input type="checkbox"/> Transferring <input type="checkbox"/> Mobility <input type="checkbox"/> Meal Prep <input type="checkbox"/> Feeding <input type="checkbox"/> Medication <input type="checkbox"/> Manage Finances <input type="checkbox"/> Grocery/Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Run Errands <input type="checkbox"/> Provide Companionship <input type="checkbox"/> Communication Skills <input type="checkbox"/> Specialized Medical Care (suctioning, tube feeding, physical therapy) <input type="checkbox"/> Manage Challenging Behaviors <input type="checkbox"/> Other: _____		
Diagnosis of Care Recipient: _____ Ⓢ <i>Attach documentation to support diagnosis. (For example- letter from therapist or healthcare provider, current medical reports or 504 Plan) Ⓢ</i>		
Check all needs experienced by Care Recipient that requires supervision: <input type="checkbox"/> Cognitive Impairment or Dementia <input type="checkbox"/> Functional Limitations due to Aging <input type="checkbox"/> Physical Disability <input type="checkbox"/> Behavioral Challenges <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other: <i>(please specify)</i> _____ <input type="checkbox"/> Developmental and/or Intellectual Disability <input type="checkbox"/> Mental Health Issues _____		
Is the Care Recipient receiving any care through Medicaid or any other program that provides respite care? (anything that could be considered a break from caregiving) <input type="checkbox"/> Yes- If yes, what service(s)? _____ Agency? _____ Funding Source? _____ <input type="checkbox"/> No, he/she is receiving no other services at this time that would be considered respite.		
Is the Care Recipient at high risk for out of home placement/facility care? (such as a nursing home, foster care, mental health institution, group home) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Care Recipient a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: PRIMARY CAREGIVER INFORMATION *(Parent, Spouse, other Family/Friend providing on going care)*

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 18 or younger <input type="checkbox"/> 19-59 <input type="checkbox"/> 60-75 <input type="checkbox"/> 76+	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver Race/Ethnicity: <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Marshallese <input type="checkbox"/> Other/Unknown: _____			
Caregiver's relationship to the Care Recipient is: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Friend <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Biological Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Daughter/Son (in-law) <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Other <i>(please specify)</i> _____			

Mailing Address (if different than Care Recipient) Street: _____ PO Box # (if applicable) _____ Apt #: _____ City: _____ State _____ Zip Code: _____ County: _____		
Landline Phone Number:	Cell Phone Number:	Consent to text: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Carrier: _____
Consent to contact via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Caregiver Email:
Do you prefer communication via: <input type="checkbox"/> Email <input type="checkbox"/> Email & Text <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Text <input type="checkbox"/> Phone		
Time spent caregiving each week: <input type="checkbox"/> Less than 5 Hours <input type="checkbox"/> 5 – 10 Hours <input type="checkbox"/> 11 – 20 Hours <input type="checkbox"/> 20 – 40 Hours <input type="checkbox"/> 40+ Hours <input type="checkbox"/> Full-Time 24/7		How “stressed” are you as a result of caring for the care recipient: <input type="checkbox"/> Not at all stressed <input type="checkbox"/> Slightly stressed <input type="checkbox"/> Moderately stressed <input type="checkbox"/> Very stressed <input type="checkbox"/> Extremely stressed
Health of Primary Caregiver at time of request (check one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Disabled <input type="checkbox"/> Critical		
Primary Caregiver employed: <input type="checkbox"/> Full Time (32+) <input type="checkbox"/> Part Time (<32) <input type="checkbox"/> Not Employed/Retired <input type="checkbox"/> In School Part Time <input type="checkbox"/> In School Full Time		
In the last six months, has one or more family caregivers needed to miss work due to unpaid family caregiving responsibilities: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Primary Caregiver not employed If Yes, how many days have you missed: _____		
Other type of services I’m interested in for the Care Recipient: <input type="checkbox"/> Medicaid or State Plan Services provided through DHS <input type="checkbox"/> In-Home Hourly Care <input type="checkbox"/> Temporary Overnight Care <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Social Outing/Community Activity <input type="checkbox"/> Crisis Care <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> I need more information about choices		
I have received a Lifespan Respite Voucher in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have received voucher(s) from other sources	How long since you last received a break from caregiving? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months- 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5+ years	How long have you been an unpaid primary caregiver? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months- 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5+ years
What has kept you from having breaks in the past? (please rank in order of significance) Money _____ Transportation _____ Timing _____ Available Provider _____ Other: _____		

Section 3: LIVING ARRANGEMENTS (List all who live in the household of Care Recipient)

Does the Care Recipient, if age 18 or under, have a parent living outside of the home: Yes No N/A (recipient older than 18)

Name:	Age:	Relationship to Care Recipient:

Section 4: INCOME (Complete Column A if you are caring for someone 18 or older. Complete Column B if you are caring for someone under 18 years old.

In the appropriate box list all Income- Taxable and non-taxable
(Married couples must report their combined income)
Income below is from past: YEAR 90 DAYS

COLUMN A Care Recipient (and Spouse) Income Information if the Care Recipient is 18 or older		COLUMN B Caregiver Income Information if the Care Recipient is under 18 years old	
List the number of dependents living in the household (including yourself/spouse):		List the number of dependents living in the household (including yourself/spouse):	
All Income Reported on Tax Return (as reported annual to the IRS)	\$	All Income Reported on Tax Return (as reported annual to the IRS)	\$
Social Security/SSI/SSDI (if not reported on tax return)	\$	Social Security/SSI/SSDI (if not reported on tax return)	\$
Other Income (if not reported on tax return)	\$	Other Income (if not reported on tax return)	\$
Care Recipient Income (i.e. SSI)	\$	Care Recipient Income (i.e. SSI)	\$

Section 5: Disability Related Expenses

List disability-related expenses not covered by any other source that the Care Recipient has to pay in a year's time.

Example of expenses: doctor visits, prescriptions, adult incontinence products, medical transportation, wheelchairs, lifts, loans for architectural modification. Do not include expenses of other family members:

Expense:	Cost:	How Often:

Section 6: AGREEMENT AND SIGNATURE

Please read the following carefully and initial each to show your understanding:

_____ I attest that I am the Primary Caregiver of the Care Recipient listed in this application form, and I wish to enroll in the Arkansas Lifespan Respite Voucher Program. I understand that funding is based on a first-come-first-served basis until funds are depleted, and that funds are only to be used for respite services.

_____ I understand that I must provide the acceptable documentation of the Care Recipient's condition/disability with this application form and complete all additional required forms for the application to be processed.

_____ I understand and acknowledge that I am responsible for hiring an individual respite provider or respite provider organization of my choice and arranging for payment for any respite services received. I understand that I am responsible for negotiating the rate of pay with the identified respite service provider, and that I am responsible for any difference in the amount approved and the amount paid by me, if any.

_____ I understand that I must complete and submit a Voucher Service Report, signed by me, the Primary Caregiver, and the respite worker, to the Arkansas Lifespan Respite Voucher Program office no later than 10 business days after the end of my award term. Failure to provide the Voucher Service Report may result in 100% repayment of the funding.

_____ I am also responsible for providing any training or instruction that the respite provider(s) of my choice may need to provide services to the respite care recipient.

_____ I understand that information provided on this form, the W-9 form, and on the Voucher Service Report may be checked, and if I have given false statements or information, I may be found guilty of fraud. Fraudulent activity will result in 100% repayment of funding and inability to utilize the Arkansas Lifespan Respite Voucher Program in the future.

_____ I understand that whenever there are changes in the information I have given, I must immediately report them to the Arkansas Department of Human Services, Lifespan Respite Voucher Program Coordinator.

_____ I agree to complete and submit a W-9 form with my application in order for the program to set me up as a state vendor, in order to receive voucher funding.

_____ I understand that the Arkansas Department of Human Services may need to contact other agencies and individuals to determine my financial eligibility and to verify my need for the support for which I am applying, or to make referrals to assist me in obtaining services. I authorize the release of this confidential information.

_____ I have read the CLIENTS RIGHTS, and I understand those rights as presented to me. (A copy for your records was included in the packet and is available at <https://ar.gov/arlifespansrespite> under the respite tab.)

I agree to the above conditions and that funds will be used ONLY for respite care.

Signature of Caregiver

Completing Application: _____ Date: ____/____/____

Send completed application and supporting documentation to:

Email (recommended): ARLifespan.Respite@dhs.arkansas.gov	Mail: DHS- Arkansas Lifespan Respite Program P.O. Box 1437, Slot S428 Little Rock, AR 72203-1437	Fax: (501) 682-8155 Attn: AR Lifespan Respite
FOR INTERNAL USE ONLY	Approved Vendor #	Approval Date: / /
		Expiration Date: / /

APPENDIX X



Arkansas Lifespan Respite Voucher Service Report

This form is to be completed by the Primary Caregiver as documentation of voucher fund utilization. The Primary Caregiver must have the Respite Provider sign for each date of service where voucher funding was used. This form must be submitted, along with the Satisfaction Survey Questionnaire upon full utilization of the voucher award or within 10 calendar days of the award term expiration date. Unused funds must be returned.

Printed Name of Care Recipient _____	Printed Name of Respite Provider _____
Printed Name of Primary Caregiver _____	Respite Provider Address _____
Primary Caregiver Address _____	Respite Provider Phone _____
Primary Caregiver Phone _____	

Respite Provider Signature	Date of Service	Respite Start Time	Respite End Time	# of Hours Used	Rate of Pay	Total
EXAMPLE <i>Jane Doe</i>	7/20/2021	10:00a	2:00p	4.00	\$15.00	\$60.00
TOTAL						

 Primary Caregiver Signature Date
 With my signature above, I certify that all information on this voucher is correct and I submit this report as justification of how the voucher funding was spent.

FOR INTERNAL USE ONLY _____ Documentation Reviewed and Accepted- Arkansas Lifespan Respite Grant Manager	/ /	/ /	Date	Award Term	/ / - / /	
					Award Amount	
					Vendor #	
					Unused Voucher Balance to be returned (if applicable)	



Arkansas Department of Human Services
Division of Provider Services and Quality Assurance

RESPITE VOUCHER AWARD LETTER

DATE

NAME
ADDRESS
CITY, STATE ZIP

Dear FIRST LAST NAME,

Congratulations on being approved for the Arkansas Lifespan Respite Voucher Program!

Award Term: MM/DD/YY through MM/DD/YY
Award Amount: \$300.00

The voucher is approved for the use of respite services only. Any unapproved use or purchases are considered a violation of the voucher agreement and a misuse of the funds which would require repayment in full. This voucher is provided in an advanced payment method in the form of a check. Funding will be released directly to you, the caregiver, according to the information you provided on the W-9 form submitted with the application. Please allow up to 7 days for the check to be received. If you have not received the voucher check within 7 days of this award letter, please contact us at (866) 801-3435 or via email at ARLifespan.Respite@dhs.arkansas.gov.

Your next step is to select either an individual and/or provider agency to provide respite care for your care recipient. Please see the attached guidelines for additional information.

You must maintain records and documentation of respite services where the voucher funding was used and report this information back to our office within 10 calendar days from the award term ending, or once you have fully spent the voucher funding (whichever date comes first). This funding opportunity is provided through a federal grant awarded to the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance, and therefore, funding details must be collected and submitted to the Administration for Community Living to continue to receive additional funding opportunities such as this one.

We are pleased to be able to assist you in providing some much-needed respite care. We look forward to hearing your feedback on the voucher program and any caregiver stories you would like to share.

If we may be of additional assistance, please do not hesitate to contact us at (866) 801-3435.

Sincerely,

Sarah Schmidt
Grant Manager
cc: file

Please read the following guidelines carefully and be sure you understand them.

1. You may hire a respite worker (not affiliated with an agency, business, or facility) to provide respite care for the care recipient, **if the is 18 years of age or older; does not live in the same home as the care recipient; and does not have Power of Attorney or guardianship for the care recipient.** You may choose to use a respite worker to provide all or some of the \$300.00 worth of respite care authorized in this letter.
2. You may obtain respite care from a provider agency (such as an adult day program or home care agency) to provide all or some of the \$300.00 worth of respite care authorized in this letter. A list of potential provider agencies may be available through the Caregiver Resource page at <https://ar.gov/arlifespanspites>. [NOTE: The Respite Search Locator is not an all inclusive list and DHS does not endorse any provider listed.]
3. You may use **BOTH** a private respite provider and a provider agency. In doing this, be very careful not to exceed the total amount of the award. **We will not reimburse you for more than \$300.00 (three hundred dollars) for respite care provided by a private respite provider or a provider agency.** Any outstanding bill of service exceeding the \$300.00 must be paid out-of-pocket at the caregiver's expense.
4. In the event you hire an individual to provide respite care for the full \$300.00 award and then continue to use the individual for additional respite care that you pay out of pocket (or with another voucher), be aware that certain tax regulations may apply. According to the Internal Revenue Service (IRS) if you pay an individual (not an agency) \$600.00 or more in a calendar year, you should be prepared to report these payments to the IRS. Please consult your tax professional with any questions regarding this requirement.
5. Once the award term begins, you can expect: follow-up phone calls from the Arkansas Lifespan Respite Voucher Program staff on the use and progress of your voucher; a satisfaction survey to complete following the end of your voucher award term; and educational information about Arkansas Lifespan Respite and activities.
6. Failure to provide required documentation/paperwork as requested may result in the exclusion from future services of the Department of Human Services and may result in being placed on the Arkansas Excluded Provider List in accordance to Policy 1088: DHS Participant Exclusion Rule.
7. You may submit multiple Voucher Service Reports if you divide the funding into multiple respite sessions. Each Voucher Service Report must be signed and dated by you, the Primary Caregiver, and the respite provider(s). The completed Voucher Service Report(s) must be sent to: Division of Provider Services & Quality Assurance, ATTN: AR Lifespan Respite Voucher Program, P.O. Box 1437, Slot S428, Little Rock, AR 72203-1437 or via fax at (501) 682-8155 or via email at ARLifespan.Respite@dhs.arkansas.gov.

After you locate a respite provider, you and the respite provider and/or provider agency staff person will use the Voucher Service Report form(s) included in this packet to keep a record of the dates and times respite care is provided. Any unused funds still available after the award term ends must be returned to the Arkansas Lifespan Respite Voucher Program so that other eligible families can benefit from the program. Please note the award dates in your letter. You must submit your completed forms within 10 business days of the award end date or upon total use of the funding (whichever comes first). By timely submitting the required forms upon completion of the voucher award term, you are eligible to re-apply for additional funding the next quarter.

For questions or concerns, please contact the Choices in Living Resource Center at (866) 801-3435 or via email at ARLifespan.Respite@dhs.arkansas.gov.

Voucher funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRL10045.



Arkansas Department of Human Services
Division of Provider Services and Quality Assurance

RESPITE VOUCHER DENIAL LETTER

DATE

NAME
ADDRESS
CITY, STATE ZIP

Dear FIRST LAST NAME,

The Arkansas Department of Human Services, Division of Provider Services and Quality Assurance (DPSQA) received your Arkansas Lifespan Respite Voucher application on DATE.

Unfortunately, your application has been reviewed and denied based on the following reason(s):

- DHS records indicate that respite care services are currently being received through other funding or programs (*The Lifespan Respite Voucher is designed as a Payer of Last Resort. The family caregiver can receive a respite voucher if on a funding wait list or respite is unavailable on their current service program or has been denied respite services with their current service program.*)
- DPSQA records indicate you have already received a Lifespan Respite Voucher within the last 90-days
 - Active Funding Period: _____ to _____
- DPSQA records indicate you have already received the maximum funding assistance within a 12-month period
- Caregiver information provided on the application did not meet:
 - Definition of a primary caregiver
 - Definition of providing full-time care
- Care recipient information provided on the application did not meet requirements of diagnosis/special need
- W-9 documentation not submitted
- Funding is no longer available
- Other:

If you would like to request a reconsideration and provide additional information, or if you would like information on other resources that may be available to you, please contact us at (866) 801-3325.

Sincerely,

Sarah Schmidt
Grant Manager
cc: file



Division of Provider Services and Quality Assurance

Arkansas Lifespan Respite Voucher Program Frequently Asked Questions (FAQ)

What is the Arkansas Lifespan Respite Voucher Program?

The *Arkansas Lifespan Respite Voucher Program* is funded through a federal grant awarded to the Arkansas Department of Human Services- Division of Provider Services and Quality Assurance (DHS-DPSQA) from the federal Department of Health and Human Services, Administration for Community Living (ACL). The *Arkansas Lifespan Respite Voucher Program* provides reimbursement vouchers to home-based caregivers for the cost of temporary, short-term respite care provided to individuals of any age with a disability or special need (children and adults, including elderly persons).

Individuals eligible to apply for voucher funding through the *Arkansas Lifespan Respite Voucher Program* include Arkansas caregivers of children or adults who reside in the same household as the person receiving care. Voucher funding is limited to a total of \$300 per family, no more than 4 times per year. All funds must be expended within its 90-day voucher term limit.

Respite funds must be requested by the primary caregivers who resides full time in the same household. Funds may not be used to reimburse household expenses or daycare; funds must be used to reimburse an individual respite care provider or an organization that provides respite. Due to limited funds, not all eligible applications will be approved. Please continue to read below for information on how to apply and what happens next if you are approved for funding through the *Arkansas Lifespan Respite Voucher Program*.

Frequently Asked Questions

1. **What is Respite?** The Lifespan Respite Care Act of 2006 defines respite care as “planned or emergency care provided to a child or adult with special need in order to provide temporary relief to the family caregiver of that child or adult.”
2. **Who is the Primary Family Caregiver?** The Primary Family Caregiver is the family member or other adult providing ongoing unpaid care for an adult or child with a disability.
3. **Who is the Care Recipient or Disabled Family Member?** The Care Recipient or Disabled Family Member can be a person of any age with any type(s) of disability or chronic condition.
4. **Who is the Respite Provider?** The respite provider is an individual or agency selected by a family or caregiver to provide respite to an individual with special needs.
5. **Where can Respite Services be Provided?** Respite Services can be provided in the family home; the home of a neighbor, friend, or family member; adult day centers; respite centers; residential care facilities; group homes; recreational settings; community-based programs; hospitals, etc.

Voucher funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.

6. **What are Types of Respite?** Types of respite vary and include skilled or unskilled care; the use of formal providers who are hired and trained by an agency; or informal providers that are available through parent or caregiver cooperatives, churches, or family and friends.

7. **Can a respite provider help with more than just daily living skills? Can they help with medication?** Through Lifespan Respite voucher funding, the caregiver has total authority and liability on the tasks they select for the respite provider to complete. Lifespan Respite is not tied to Medicaid or Medicare funding or the service requirements within those funding services. Depending on the specialized task, caregivers may need to provide specialized training to the respite provider.

8. **Will DPSQA arrange Respite Care?** DPSQA does not provide or arrange for respite care. This program is participant directed. YOU are responsible for selecting, hiring, training, and paying a respite care provider of your choice, at a time that is convenient for you and your loved one. You may also use a community respite program (e.g., weekend respite program, therapeutic summer camp, adult day program). Respite and caregiver resources are available on the *Arkansas Lifespan Respite Voucher Program* website at <https://ar.gov/arlifespansrespite>.

9. **What is Participant Directed Respite?** Participant directed respite is when family caregivers can employ and train formal or informal respite care providers using vouchers. Participant directed is sometimes referred to as consumer directed or self-directed.

10. **Can I hire a Respite Provider who Lives in my Home or is Under 18?** If you choose to select a respite care provider yourself, the individual selected to provide the respite care **MUST be at least 18 years old and cannot be someone who currently resides in your home**. You are also responsible for negotiating the rate of pay with the respite care provider you select.

11. **Can I use my Current Respite Provider?** If the family currently receives respite services, funds cannot be used to replace current funding for respite/daycare or to pay for respite just to allow the caregiver to work. Funding must be used to provide services that allow the caregiver to take a break from caregiving duties; it must go “above and beyond” what is currently being received.

12. **Can I use the Voucher Funding for Different Care Services/Days?** There is no criteria or requirement on when or how the caregiver uses the funding to pay for respite. The \$300 does not have to be used all at once; it can be spread over several periods of respite care within the award term. The caregiver may utilize the full funding amount for one single respite event or can break up the funding and use over several respite events or days during the quarter.

13. **Is there a Deadline to Use the Funding?** The \$300 must be used during the approved award term. Any unused funding must be returned to the program once the award term ends. This allows the program to ensure we can assist as many families as possible. Even if you do not utilize all your funding, you can still re-apply for funding in the next award quarter.

14. **What are the Qualifications of the Program?** Requirements are as follows: The family caregiver and care recipient must reside full time in the same residence within the state of Arkansas; if the family currently receives respite or other care, funds cannot be used to replace current funding for respite/daycare; funds cannot be used so the family caregiver can work. Documentation of disability must be submitted with the application.

15. **What is the \$300 for?** Funding must be used to provide services that allow the caregiver to take a break from caregiving duties.

16. **When will I know if my Application has been approved?** If you are eligible for the *Arkansas Lifespan Respite Voucher Program* and funds are still available, you will be contacted within 14 business days to confirm your approval.

Voucher funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.

17. How will I receive the funding? Once you have been approved, you will receive an award letter with additional information. Our staff will coordinate with the Department of Finance and Administration to issue you a check in the award amount identified. This process typically takes up to 7 days after the funding has been awarded. **NOTE:** If you have an existing government debt, it may impact your voucher.

18. Will the Check be sent to the Respite Provider? No. Voucher checks will be made out and sent directly to you, the primary caregiver, and not to the respite provider. YOU are responsible for payment to your respite care provider. The voucher check will be mailed to the address you indicate on the W-9 form you submitted with your application.

19. What is the rate of pay for respite when using the voucher? There is no rate of pay requirement within the Lifespan Respite Voucher Program. The Lifespan Respite vouchers allow caregivers to set the rate of pay that best fits their need. Rate of pay should be negotiated between the caregiver and the respite provider. Caregivers may choose to set rate of pay based on the method of respite they intend to use or the functions or services the caregiver chooses the respite provider to provide.

20. Can I pay the Respite Provider more than \$300? The DPSQA *Arkansas Lifespan Respite Voucher Program* will send a check to you, the primary caregiver, to use as payment to the selected respite care provider, not to exceed \$300/household. Any unused funds at the end of your award term must be returned. You may pay more than the voucher amount you received from DPSQA, but YOU will be responsible for making up the difference between the amount approved through the *Arkansas Lifespan Respite Voucher Program* and what you have agreed to pay the provider.

21. What if I have Multiple Disabled Family Members Living in my Home? Even if you have more than one person in your home who will receive respite services, the maximum amount for reimbursement is \$300 per family.

22. Can I use this Program if I have Medicaid or Medicare? You will not be disqualified for this program if you receive Medicaid or Medicare. We encourage individuals to seek out other resources for help with their disabled family member. Use of respite services allows the family caregiver to provide better care for longer periods of time if needed.

23. If I Receive Services through Another Program, am I Still Eligible? You will not be disqualified for this program if you receive respite services through another program. We encourage individuals to seek out other resources for help with their disabled family member. Use of respite services allows the family caregiver to provide better care for longer periods of time if needed. If the family currently receives respite services, funds cannot be used to provide services that allow the caregiver to take a break from caregiving duties: it must go "above and beyond" what is currently being received.

24. Does the W-9 Form mean that I have to pay taxes on the money I receive? The voucher check will be sent to the address you indicate on the W-9 Form. The W-9 form is required by the State of Arkansas in order to issue the voucher check; it is not sent to the IRS or any other entity for tax purposes.

25. What if I benefited from this Program in the Past? You may be eligible to receive a \$300 voucher up to four times a year. You will be required to reapply each time; however, priority will be given to applications for families who have not yet received a voucher in the past.

26. Can I use the respite voucher to offset nursing home costs? No. Respite Services can be provided in the family home; the home of a neighbor, friend, or family member; adult day centers; respite centers; residential care facilities; group homes; recreational settings; community-based programs; hospitals, etc., on a temporary basis for caregiver relief. This voucher is not to supplement any permanent placing costs.

27. **Can I use the respite voucher to pay other bills?** No. The \$300 voucher can only be used for respite services. Using the voucher funding for any service other than respite, including payment of bills, may result in a 100% repayment of the voucher to DPSQA.

28. **What if my chosen provider wants payment before providing services?** If a provider, individual or agency, will not agree to wait for payment, then you will need to either find another provider, or find another program to pay for these services.

29. **What should I do if I lose my voucher award letter?** Report lost vouchers to Choices in Living Resource Center, Attention: Arkansas Lifespan Respite Voucher Program at (866) 801-3435 or via email at ARLifespan.Respite@dhs.arkansas.gov.

If you have questions about the ***Arkansas Lifespan Respite Voucher Program***, you can contact the Choices in Living Resource Center at our toll-free number 866-801-3435 or e-mail at ARLifespan.Respite@dhs.arkansas.gov.



Division of Provider Services and Quality Assurance

Arkansas Lifespan Respite Voucher Program Application and Reimbursement Procedures

What is the Arkansas Lifespan Respite Voucher Program?

The *Arkansas Lifespan Respite Voucher Program* is funded through a federal grant awarded to the Arkansas Department of Human Services- Division of Provider Services and Quality Assurance (DHS-DPSQA) from the federal Department of Health and Human Services, Administration for Community Living (ACL). The *Arkansas Lifespan Respite Voucher Program* provides reimbursement vouchers to home-based caregivers for the cost of temporary, short-term respite care provided to individuals of any age with a disability or special need (children and adults, including elderly persons).

Individuals eligible to apply for voucher funding through the *Arkansas Lifespan Respite Voucher Program* include Arkansas caregivers of children or adults who reside in the same household as the person receiving care. Voucher funding is limited to a total of \$300 per family, no more than 4 times per year. All funds must be expended within its 90-day voucher term limit.

Respite funds must be requested by the primary caregivers who resides full time in the same household. Funds may not be used to reimburse household expenses or daycare; funds must be used to reimburse an individual respite care provider or an organization that provides respite. Due to limited funds, not all eligible applications will be approved. Please continue to read below for information on how to apply and what happens next if you are approved for funding through the *Arkansas Lifespan Respite Voucher Program*.

How do I apply for funds for short-term respite care?

1. Complete the *Arkansas Lifespan Respite Voucher Program Application Form* and attach a W-9 form and proof of the individual's disability/special need (see *Application Form* for a list of acceptable documents).
2. You may apply for voucher funding up to \$300 for reimbursement of respite care services, which must be used by the voucher expiration date noted on the voucher award letter you receive. You may apply for a voucher to reimburse expenses for respite care that will occur any time prior to the expiration date. You do not have to use the \$300 all at one time; it can be spread out over several periods of respite care (e.g., two or three weekends) during the award term. For example, you may choose to use \$200 to offset the cost of a week-long respite care program, and \$100 to reimburse the cost of an individual providing in-home respite for a weekend while you travel out of town.
3. The *Application Form* will be reviewed by DHS-DPSQA staff. * You will be contacted within 14 business days to inform you of the status of your application (approved or denied). You may be notified by e-mail, phone, or regular U.S. mail.
4. If you have questions about the *Application Form*, you can contact a Choices in Living Resource Center Counselor at our toll-free number at 866-801-3435 or e-mail at ARLifespan.Respite@dhs.arkansas.gov.

***The application cannot be processed until all documentation and all forms are received and completed.** Please mail, e-mail, or fax the completed *Application Form*, along with required documentation, to: Division of Provider Services and Quality Assurance (DPSQA), Attention: Arkansas Lifespan Respite Program, P.O. Box 1437- Slot S428, Little Rock AR 72203-1437. FAX: (501) 682-8155 (please fax all documents at once) or you can scan the forms and send via e-mail to ARLifespan.Respite@dhs.arkansas.gov.

Voucher funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.



Division of Provider Services and Quality Assurance

Arkansas Lifespan Respite Voucher Program Satisfaction Survey

NOTICE: THIS FORM IS REQUIRED!

As part of the Arkansas Lifespan Respite Voucher Program, you are required to fill out this brief Satisfaction Survey and submit it to the Department of Human Services- Division of Provider Services & Quality Assurance. Failure to do so may result in the inability to participate in the voucher program in the future. Thank you.

Dear Family Caregiver:

Thank you for participating in the *Arkansas Lifespan Respite Voucher Program*. To assess how well the program worked for you, and to plan for future respite services, we ask that you complete the following short **Satisfaction Survey** and submit it to DHS-DPSQA **within 10 business days of the expiration of your award letter**. Your answers may help us in receiving funding in the future so that we can continue to offer financial assistance to Arkansans like you who need respite.

1. Did you use the respite voucher funding that you had originally requested on your *Arkansas Lifespan Respite Voucher Program Application Form*? (Please check one.) Yes- all of it Yes- partial No

a. If NO, what prevented you from using the respite services you had originally requested on your Application Form?

b. If YES-PARTIAL, what prevented you from using the remainder of the respite services?

c. What respite services, if any, did you use instead of the ones you had originally requested on your **Application Form**?

2. As a family caregiver, how useful was the Arkansas Lifespan Respite Program to you? (Please circle your response.)

a. Very Useful b. Somewhat Useful c. Not Useful

Comments:

3. How easy was it to get financial assistance for respite services through the *Arkansas Lifespan Respite Voucher Program*? (Please circle your response.)

a. Very Easy b. Somewhat Easy c. Difficult

Comments or Suggestions for Improvement:

4. What did the respite voucher funding provided through the *Arkansas Lifespan Respite Voucher Program* enable you to do? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Spend time with spouse/significant other | <input type="checkbox"/> Attend or participate in caregiver workshop/training or support group |
| <input type="checkbox"/> Spend time with other family members | <input type="checkbox"/> Participate in social/recreational activities
(i.e.: attend church, visit with friends) |
| <input type="checkbox"/> Run Errands | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Complete household tasks | _____ |
| <input type="checkbox"/> Have private time to relax, rest, read, pursue hobbies/interests | _____ |
| <input type="checkbox"/> Participate in physical activities or exercise | _____ |
| <input type="checkbox"/> Go to medical appointments | _____ |

5. Check the top three (3) challenges below that you have as a family caregiver.

- | | |
|--|---|
| <input type="checkbox"/> Financial (respite costs) | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Feeling overwhelmed | <input type="checkbox"/> Strain on relationship with other family |
| <input type="checkbox"/> Physical, medical, or other health problems
(i.e.: headaches, back pain) | <input type="checkbox"/> No challenges |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression, anxiety | _____ |

6. Check up to three (3) areas below that improved for you as a family caregiver due to respite services you received through this program.

- | | |
|--|--|
| <input type="checkbox"/> Financial relief (respite costs) | <input type="checkbox"/> Increased social activities |
| <input type="checkbox"/> Feeling less overwhelmed | <input type="checkbox"/> Enhanced relationship with other family members |
| <input type="checkbox"/> Reduction in physical, medical, or other health programs (i.e.: headaches, back pain) | <input type="checkbox"/> No improvement |
| <input type="checkbox"/> More sleep | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Decreased depression or anxiety | _____ |

7. As a family caregiver, if you could pick one respite service to help you in the future, what would it be and how would it help you?

Thank you for completing our survey! Please send this form to:

Department of Human Services
ATTN: Arkansas Lifespan Respite Program
PO Box 1437, Slot S428
Little Rock, AR 72203-1437

or

fax to (501) 682-8155; ATTN: AR Lifespan Respite Program

or

email to ARLifespan.Respite@dhs.arkansas.gov

Arkansas Department of Human Services
Division of Provider Services and Quality Assurance



Arkansas Lifespan Respite Grant
Notice of Funding Opportunity
“Arkansas Lifespan Respite Voucher Program”

Total Amount of Lifespan Respite Grant Funds to be awarded in total:

\$59,200.00

General Program Information/Inquiry:	Grant Request Submission:
ATTN: Stephen Giese Arkansas Department of Human Services Division of Provider Services & Quality Assurance PO Box 1437, Slot S-438 Little Rock, AR 72203-1437 Email: stephen.giese@dhs.arkansas.gov	ATTN: Stephen Giese Arkansas Department of Human Services Division of Provider Services & Quality Assurance PO Box 1437, Slot S-438 Little Rock, AR 72203-1437 Email: stephen.giese@dhs.arkansas.gov

Sub-grant funding made available through the Lifespan Respite Program Grant initiative awarded to Arkansas Department of Human Services - Division of Provider Services and Quality Assurance by the Administration for Community Living (ACL), Grant # 90LRLI0045.

Overview: The Division of Provider Services and Quality Assurance (DPSQA) of the Arkansas Department of Human Services is providing this competitive grant opportunity to eligible organizations across the state through the Arkansas Lifespan Respite Grant’s “Arkansas Lifespan Respite Voucher Program.”

In July 2021, the Arkansas Department of Human Services was awarded a five-year grant from the U.S. Administration on Aging, made possible by the Lifespan Respite Care Act of 2006. Arkansas is currently one (1) of ten (10) states with this limited funding designed to encourage states to focus on respite services, strengthen a state’s collaboration and infrastructure for respite, and assist where possible in a coordinated system of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs.

On November 1, 2021, the DPSQA implemented the Arkansas Lifespan Respite Voucher Program across the state. This program allows primary caregivers to receive respite funding assistance in the form of direct vouchers limited to \$300, available each quarter or until funding is no longer available.

The Lifespan Respite Care Act defines *respite care* as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.” The ultimate goal is to generate actual respite for family caregivers and others who provide ongoing informal or unpaid care.

The purpose of this funding opportunity is to enhance the Arkansas Lifespan Respite Voucher Program by supporting and encouraging the provision of respite care services to family caregivers at no cost to the family, so that additional families across the state with diverse respite needs will be served. Through this grant, funding will be awarded to applicants who provide respite opportunities that would complement the voucher program or fill in gaps where the voucher program may not reach. Examples may include innovative out-of-home respite models such as single special respite events (i.e., Parents Night Out, etc.), caregiver support groups, caregiver informational and/or training seminars, respite summer camps, etc.

The goal of this opportunity is to provide supplemental funding to already established respite programs that will allow those organizations the ability to provide their services and supports at no cost to the families involved.

Clarification: This funding is meant to provide short, temporary or intermittent breaks from family caregiving. They are not full-time breaks that allow someone to work, such as daily childcare or consistent use of adult day care.

DPSQA plans to fund multiple awards, with a funding level of up to ten thousand (\$10,000) dollars per grantee. Any awarded funds under this announcement shall be used to develop and implement a family caregiver respite voucher program, at no cost to the caregiver.

Key Dates:

- **Sub-grant Offer Date:** Beginning November 29, 2021 and upon receipt of application thereafter, if applicable
- **Projected Start Date:** Dependent upon completion of sub-grant process
- **Projected End Date:** June 10, 2022

Grant Request Process: You must submit a cover letter signed by the organization's Executive Director or Designated Authorized Official expressing interest in participating in the supplemental respite voucher program through this sub-grant funding. The following documents must be attached and provide the information below:

- Proof of nonprofit status (if applicable)
- Certificate of Good Standing from the Secretary of State
 - *501(c)3 organizations only*
- Policy/Procedure that assure staff providers supporting this grant complete fingerprint-based background checks, if applicable to specific voucher program
- Completed documentation required (see below for details in Requirements for Proposal)

Stipulations:

1. Applicants must provide a fifteen percent (15%) cost share match for award funding, through cash, in-kind contributions, or a combination of both. An in-kind match is the value of any real property, equipment/supplies, goods, or services contributed to the grant that would have been eligible costs if the applicant was required to pay for such costs with grant funding.
2. Per Executive Order 13589 and 13576 and HHS Grants Policy¹, funding provided through this federal grant contained within this sub-grant opportunity cannot include meals costs except for the following:
 - a. *For subjects and patients under study (usually a research program);*
 - b. *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services such as Head Start*

¹ HHS Policy on the Use of Appropriated Funds for Food. <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html> . November 3, 2021.

- c. *When an organization customarily provides meals to those working beyond the normal workday, as part of a formal compensation arrangement;*
 - d. *As part of a per diem or subsistence allowance provided in conjunction with allowable travel;*
 - e. *Under a conference grant, when meals are necessary and integral part of a conference, provided that meals are not duplicated in participants' per diem or subsistence allowances (Note: conference grant means the sole purpose of the award is to hold a conference); and*
 - f. *Cannot exceed five percent (5%) of award.*
3. Funds will be on a reimbursement basis, after invoice is submitted. The request shall be based on actual costs incurred.
4. Grantees must agree to comply with a site visit by a DPSQA staff member, if requested, during award term and participate in Arkansas Lifespan Respite conference calls regarding respite services provided.
5. Grantees must collect demographic and qualitative data (as determined by DPSQA) on respite vouchers and programs. This data will be used in a composite report provided to 1) Administration on Community Living, DPSQA's federal grantor, and 2) Arkansas State Legislators and stakeholders.
6. The respite programs shall provide respite services that allow additional caregivers to have a break from caregiving at no cost to the caregiver. Preference for direct respite service funding will be given to organizations serving caregivers who meet one or more of the following profiles:
 - a. *Those with incomes that are slightly above Arkansas' Medicaid threshold thereby disallowing them for a variety of publicly funded resources;*
 - b. *Caregivers whose family member/loved one requiring care is between the ages of eighteen (18) and fifty-nine (59);*
 - c. *Caregivers whose family member/loved one requiring care suffered from traumatic brain injury or sudden disabling condition;*
 - d. *Caregivers whose family member/loved one requiring care is currently waiting assessment or approved but not on a waiting list for long-term care services; and*
 - e. *Caregivers who live in counties with few or no respite providers.*
7. Services must be provided to eligible individuals without regard to race, color, religion, gender, national origin, partisan affiliation, or sexual orientation.
8. Grant funds shall not be used to supplant existing funding for respite services.
9. The following statement must be included in all funded program/project descriptions, products, and related publicity:

This sub-grant project is funded through the Arkansas Lifespan Respite Coalition and the Administration on Community Living.

Programmatic Reporting: During the duration of the funding award, grantees will be required to participate in Arkansas Lifespan Respite conference calls indicating utilization, progress to date, and/or barriers encountered. A final programmatic report is due ten (10) business days from the end of the award term or full utilization of funding awarded (whichever comes first). The report template will be provided by DPSQA and will include a description of the program and how grant funds contributed to the implementation of the respite event or program, as well as documentation of actual respite hours provided and the number of people/caregivers receiving respite.

Fiscal Reporting: Funding will be provided through a reimbursement payment method. Reimbursement payments will be based on actual costs incurred. In cases where advance funding may be applicable, the awardee must provide documentation of scheduled activities that funding will be used for (e.g., written and verified bid for services, advance invoice, etc.) with sufficient justification on the need for advancement rather than reimbursement. Advance payments will be monitored closely throughout the award term, requiring frequent status updates from awardee to DPSQA on progress. Invoices are required to be submitted monthly no later than ten (10) business days of the following month. If no billable services were provided during the month then the provider shall notify DHS that there were no billable services on their monthly report. Final invoices must be submitted no later than June 15, 2022. All financial reports must include all cost data, caregiver recipient data, and remaining balance of funding.

Requirements for Proposal:

Must include Cover Page -Template provided and a current copy of your entity's W9 in addition to the following

Part I: Completion of Narrative Section: Please provide a narrative detailing your Scope of Work, Program/Project Objectives, and an overview of how you intend to utilize these funds and who you will be providing funding to if specific to a population or geographical location within the state. Please also note if you intend to provide services statewide or identify specific counties within the state as appropriate.

Part II: Completion of the Work Plan -Template provided: For each objective you identified, describe the measurable outcome(s), outline the key activities, responsible parties, and timetable for implementation and completion. Work Plan must align with stated program/project objectives.

Part III: Budget -Template provided: Submit a simple budget including the amount you anticipate utilizing per line item. Budget must align with stated program objectives. **Please note: There is a fifteen percent (15%) cost share match that must be included in the budget detail.**

**ARKANSAS LIFESPAN RESPITE VOUCHER PROGRAM
APPLICATION COVER PAGE**

Name of Affiliation/Organization: _____

Executive Director/Authorized Official: _____

Program Location/Address: _____

Primary Voucher Contact Name/Title/Phone/Email: _____

Program Website Address: _____

Type of organization (please check):

_____ local government _____ non-profit _____ faith-based organization
_____ other – please specify _____

1. How many individuals/families does your current respite program serve annually?

2. What time of respite care does your agency provide? Please list all services available for these vouchers. Day Program(s) Overnight Care In-Home
 Camp(s) Caregiver Support Services Other (please list below):

3. Which Arkansas county or counties does your current respite program serve? _____

SERVES STATEWIDE

**Community Sub-Grant Funding Application Packet:
PROJECT NARRATIVE**

Format: Applications should be double-spaced. Please use one-inch margins and 11-point Arial type. Project Narrative should be no more than seven (7) pages in length.

Include the following in your project narrative:

- Project Overview:
 - Describe the respite project and type(s) of services you will offer through your program. Describe how this project or service will impact family caregivers and care recipients in the target community(ies) you have identified as serving.
 - Identify if the project or service includes emergency respite opportunities. If yes, please specify what percentage of funding requested will be used for emergency respite situations, and how will you preserve the availability of these funds? What procedures are in place to expedite arrangement of respite services for those caregivers needing unplanned respite? Specify how much notice will be required from the caregiver prior to providing services.
 - Provide detail on how the funding will be utilized and/or distributed, if applicable. Be as specific and detailed as possible.
 - Describe the anticipated numbers to be served. Identify the population and service area to be served in your project. Specify age ranges, diagnoses, or special needs including limitations that you will serve.
 - Describe your plans for outreach and marketing. How will you let new clients know about the new or enhanced services you will be providing?
 - Describe your plan for sustainability of your project beyond the scope of this grant. What aspects of your proposal do you anticipate sustaining beyond this funding opportunity?
 - Identify staff who will oversee the funding utilization if awarded, including their experience with caregiving and respite services. Identify staff, including their experience with caregiving and respite services, who will manage the respite project or services to ensure they are completed or distributed according to the project plan in this proposal.
 - Describe organization's history or demonstrated experience in respite services and this type of project.
 - Describe demonstrated experience in managing respite volunteers or staff, if applicable to your project.

- Describe how background checks of respite volunteers and/or staff will be conducted.

WORK PLAN TEMPLATE

Agency/Organization: _____

Project Name: _____

Objective	Activity	Responsible Parties	Timetable	Outcome (How will you know when you've been successful?)

BUDGET NARRATIVE

Format: The budget narrative is the backbone of the grant proposal. Program activities must drive the budget. The program narrative should match the budget and every line item identified in the budget narrative must be identified and detailed in the project narrative. The budget narrative can be provided using the format included in this document, or a similar format of your choosing. Applicants using a different format are encouraged to pay particular attention to this template, which provides an example of the level of detail sought.

NOTE: Applicants will be required to resubmit budget narrative documents that do not include the appropriate level of detail. For successful applicants this could create a delay in receiving the award.

Include the following in your budget narrative:

- Detailed line-item descriptions that provide clear understanding to the grant reviewer.
- Cost estimates should be credible and realistic. Estimated costs identified on the budget narrative should be justified by detail provided in the project narrative.
- In-Kind contributions should not be included in the total \$10,000.00 maximum budget narrative. Instead, In-Kind contributions should be identified in addition to the \$10,000 request. For example, in-kind contributions on a \$10,000 funding request would total \$1,500. Funding request will still be \$10,000 but the full budget total will be \$11,500 (\$10,000 + \$1,500).

BUDGET NARRATIVE SAMPLE FORMAT

**Arkansas Lifespan Respite Voucher Program
Specialized Respite Program Funding**

Total Funding Request:	\$	<i>Note: Funding limit cannot exceed \$10,000.00</i>		
Project Name:				
Organization Name:				
Contact Person:		Phone Number:		
Funding Category	Grant Funds	In-Kind Funds	TOTAL (Grant + In-Kind)	Justification/Detail
Personnel (including fringe/benefits)				
Equipment				
Supplies				
Other				
TOTAL				<i>*The Grant Fund total cannot exceed \$10,000. **The In-Kind Fund total must total a minimum of 15% of the grant fund total (i.e., \$10,000 grant fund will have a \$1,500 in-kind match)</i>

If you have any additional notes you would like to include, please do so below.

Budget Notes:

This is a template that you may edit as needed for your organization's individual respite program. All Funding Categories may not apply to your proposed program or project and/or you may need to add categories not listed.



STATE OF ARKANSAS

Department of Human Services
Office of Procurement
700 Main Street
Little Rock, Arkansas 72201

Competitive Bid (CB) BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION			
Bid Number:	710-22-0005	Solicitation Issued:	December 14, 2021
Description:	Caregiving Data Collection and Reporting		
Agency:	Department of Human Services, Division of Provider Services and Quality Assurance		

SUBMISSION DEADLINE FOR RESPONSE	
Bid Due Date:	December 21, 2021 3:00 PM CST

DELIVERY OF RESPONSE DOCUMENTS	
Bid Submission:	<p>Email the Bid Response Packet to the buyer listed below on or before the designated bid due date and time. In accordance with Arkansas Procurement Law and Rules, it is the responsibility of Prospective Contractors to submit bids on or before the bid due date and time. Bids received after the designated bid due date and time may be considered late and may not receive further review. It is not necessary to return "no bids" to OSP.</p> <p>The submission email subject line should read: Bid Submission for 710-22-0005</p>

OFFICE OF PROCUREMENT CONTACT INFORMATION			
OP Buyer:	Margurite Al-Uqdah	Buyer's Direct Phone Number:	501-682-8743
Email Address:	Margurite.al-uqdah@dhs.arkansas.gov	OP's Main Number:	501-683-4162

SECTION 1 – GENERAL INSTRUCTIONS AND INFORMATION

- **Do not** provide responses to items in this section unless specifically and expressly required.

1.1 **PURPOSE**

This Competitive Bid (CB) is issued by the Arkansas Department of Human Services (DHS) Office of Procurement (OP) on behalf of the Division of Provider Services and Quality Assurance for an independent firm to gather caregiving and respite data across the entire state of Arkansas.

1.2 **TYPE OF CONTRACT**

- A. As a result of this CB, OP intends to award a contract to a single Contractor.
- B. The anticipated starting date for any resulting contract is January 1, 2022, except that the actual contract start date may be adjusted forward unilaterally by the State for up to three (3) calendar months. By submitting a signed bid in response to the CB, the Prospective Contractor represents and warrants that it will honor its bid as being held open as irrevocable for this period.
- C. The initial term of a resulting contract will be for one (1) year with no additional options to renew.

1.3 **ISSUING AGENCY**

The Office of Procurement, as the issuing office, is the sole point of contact throughout this solicitation process.

1.4 **ACCEPTANCE OF REQUIREMENTS**

A Prospective Contractor **must** unconditionally accept all Requirements in the Requirements Section(s) of this CB to be considered a responsive Prospective Contractor.

1.5 **DEFINITION OF TERMS**

- A. The State Procurement Official has made every effort to use industry-accepted terminology in this Bid Solicitation and will attempt to further clarify any point of an item in question as indicated in Clarification of Bid Solicitation.
- B. Unless otherwise defined herein, all terms defined in Arkansas Procurement Law and used herein have the same definitions herein as specified therein.
 1. “Caregiver” for purposes of this solicitation, means an unpaid family caregiver, foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with special needs or diagnosis.
 2. “Contractor” means a person who sells or contracts to sell commodities and/or services.
 3. “Direct Interview” for purposes of this solicitation, means one-to-one individual contact whereby the interviewee and the interviewer have direct contact and communication, either by telephone, virtual communication platform, or face to face. Questionnaires by mail or online surveys, for example, would not be considered a direct interview.
 4. “Home and Community-Based Services (HCBS) Participant” for purposes of this solicitation, means individuals currently and actively receiving services through either a Medicaid HCBS or State Plan HCBS program or services in Arkansas. These programs and services in Arkansas include, but are not limited to: AR Choices 1915(c) HCBS Waiver, Independent Choices 1915(j) State Plan, Living Choices Assistant Living 1915(c) HCBS Waiver, Community and Employment Supports 1915(c) HCBS Waiver, 1915(i) State Plan Behavioral Health Services with PASSE, Autism 1915(c) Waiver,

Adult Behavioral Health Services for Community Independence 1915(i) State Plan, State Plan personal care services; State Plan home health services, and Program for All-Inclusive Care for the Elderly (PACE)

5. "Lifespan Respite participants" means individuals enrolled in the Lifespan Respite Care program which was authorized by Congress in 2006 under Title XXIX of the Public Health Service Act (42 U.S.C 201).
 6. "Medicaid Waiver Participants" for the purposes of this solicitation, means those that participate in ARChoices 1915(c), Living Choices Assisted Living 1915(c), Community and Employment Supports (CES) 1915(c), PASSE Services, and Autism 1915(c).
 7. "Prospective Contractor" means a person who submits a bid in response to this solicitation.
 8. "Random Digit Dialing (RDD) telephone" means selecting people for involvement in telephone interviews by generating telephone numbers at random.
 9. "Requirement" means a specification that a Contractor's product and/or service must perform during the term of the contract. These specifications will be distinguished by using the term "shall" or "must" in the requirement.
 10. "Respite" for the purposes of this solicitation, means planned or emergency care provided to a child or adult with a special need or diagnosis to provide temporary relief to the unpaid family caregiver of that child or adult. Respite services may be provided in a variety of settings, including the home, adult day care centers, or residential care facilities.
 11. "Responsive bid" means a bid submitted in response to this solicitation that conforms in all material respects to this CB.
 12. "Special Need" for purposes of this solicitation, means a requirement of care or supervision of a child or adult to meet the person's basic needs, prevent physical self-injury or injury to others, or avoid placement in an institutional facility.
 13. "State" means the State of Arkansas. When the term "State" is used herein to reference any obligation of the State under a contract that results from this solicitation, that obligation is limited to the State agency using such a contract.
 14. "State Plan Participants" for the purposes of this solicitation, means those that participate in State Plan Personal Care Services, Independent Choices 1915(j) State Plan, Programs of All-Inclusive Care for the Elderly (PACE), State Plan Behavioral Health Services within PASSE, Adult Behavioral Health Services for Community Independence 1915(i), State Plan Home Health Services
- C. The terms "Competitive Bid", "CB," "Bid Solicitation," and "Solicitation" are used synonymously in this document.

1.6 **RESPONSE DOCUMENTS**

Bid Response Packet

1. The following should be submitted with the Bid Response *Packet*.
 - a. Signed *Bid Signature Page*. (See *Bid Response Packet*.)

- i. An official authorized to bind the Prospective Contractor(s) to a resultant contract **must** sign the Bid Signature Page included in the *Bid Response Packet*.
- ii. Prospective Contractor's signature signifies agreement to and compliance with all Requirements in this CB.
- iii. Bid response **must** be in the English language.

b. *Official Bid Price Sheet*. Pricing **must** be proposed in U.S. dollars and cents.

2. The following items should be submitted with the original *Bid Response Packet*.

- a. EO 98-04 Disclosure Form. (For bids exceeding \$25,000.)
- b. Copy of Prospective Contractor's *Equal Opportunity Policy*. (Only for contracts for services exceeding \$25,000.)
- c. Proposed Subcontractors Form, if applicable.

1.7 **SUBCONTRACTORS**

A. Prospective Contractor should complete, sign and submit the *Proposed Subcontractors Form* included in the *Bid Response Packet*.

B. The utilization of any proposed subcontractor is subject to approval by the State agency.

1.8 **PRICING**

A. Prospective Contractor should include all budgeted items in the pricing on the Official Bid Price Sheet. With bid submission, Prospective Contractor may provide a detailed budget including all expenses specific to this solicitation. If any cost is not identified by the successful Contractor but is subsequently incurred in order to achieve successful operation, the Contractor shall bear this additional cost. The Official Bid Price Sheet may be provided as a separate file along with this Bid Solicitation.

B. To allow time to review bids, prices must be valid for 90 days following the bid due date.

1.9 **PRIME CONTRACTOR RESPONSIBILITY**

A. A single Prospective Contractor **must** be identified as the prime Contractor.

B. The prime Contractor **shall** be responsible for the contract and jointly and severally liable with any of its subcontractors, affiliates, or agents to the State for the performance thereof.

1.10 **PROPRIETARY INFORMATION**

A. Submission documents pertaining to this *Bid Solicitation* become the property of the State and are subject to the Arkansas Freedom of Information Act (FOIA).

B. In accordance with FOIA and to promote maximum competition in the State competitive bidding process, the State may maintain the confidentiality of certain types of information described in FOIA. Such information may include trade secrets defined by FOIA and other information exempted from the Public Records Act pursuant to FOIA.

C. Prospective Contractor may designate appropriate portions of its response as confidential, consistent with and to the extent permitted under the Statutes and Rules set forth above, by submitting a redacted copy of the response.

- D. By so redacting any information contained in the response, the Prospective Contractor warrants that it has formed a good faith opinion having received such necessary or proper review by counsel and other knowledgeable advisors that the portions redacted meet the requirements of the Rules and Statutes set forth above.
- E. Under no circumstances will pricing information be designated as confidential.
- F. One (1) complete copy of the submission documents from which any proprietary information has been redacted may be submitted with the *Bid Response Packet*.
- G. Except for the redacted information, the redacted copy **must** be identical to the original, reflecting the same pagination as the original and showing the space from which information was redacted.
- H. The Prospective Contractor is responsible for identifying all proprietary information and for ensuring the redacted copy is protected against restoration of redacted data.
- I. The redacted copy will be open to public inspection under FOIA without further notice to the Prospective Contractor.
- J. If a redacted copy of the submission documents is not provided with Prospective Contractor's *Bid Response Packet*, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under FOIA.
- K. If the State deems redacted information to be subject to FOIA, the Prospective Contractor will be contacted prior to release of the documents.
- L. The State has no liability to a Prospective Contractor with respect to the disclosure of Prospective Contractor's confidential information ordered by a court of competent jurisdiction pursuant to FOIA or other applicable law.

1.11 CAUTION TO PROSPECTIVE CONTRACTORS

- A. All official documents and correspondence related to this solicitation become part of the resultant contract.
- B. The State has the right to award or not award a contract, if it is in the best interest of the State to do so.
- C. Qualifications and proposed services **must** meet or exceed the required specifications as set forth in this *Bid Solicitation*.
- D. Prospective Contractors may submit multiple bids.

1.12 AWARD PROCESS

- A. *Successful Contractor Selection*
 - 1. Award will be made to the lowest-bidding, responsible Prospective Contractor based on total project cost.
- B. *Negotiations*
 - 1. If the State so chooses, negotiations may be conducted with the lowest-bidding Prospective Contractor. Negotiations are conducted at the sole discretion of the State.

2. If negotiations fail to result in a contract, the State may begin the negotiation process with the next lowest-bidding Prospective Contractor. The negotiation process may be repeated until the anticipated successful Contractor has been determined, or until such time the State decides not to move forward with an award.

1.13 MINORITY AND WOMEN-OWNED BUSINESS POLICY

- A. A minority-owned business is defined by Arkansas Code Annotated § 15-4-303 as a business owned by a lawful permanent resident of this State who is:
 - African American
 - American Indian
 - Asian American
 - Hispanic American
 - Pacific Islander American
 - A Service-Disabled Veteran as designated by the United States Department of Veteran Affairs
- B. A women-owned business is defined by Act 1080 of the 91st General Assembly Regular Session 2017 as a business that is at least fifty-one percent (51%) owned by one (1) or more women who are lawful permanent residents of this State.
- C. The Arkansas Economic Development Commission conducts a certification process for minority-owned and women-owned businesses. If certified, the Prospective Contractor's Certification Number should be included on the *Bid Signature Page*.

1.14 EQUAL OPPORTUNITY POLICY

- A. In compliance with Arkansas Code Annotated § 19-11-104, OP must have a copy of the anticipated Contractor's *Equal Opportunity (EO) Policy* prior to issuing a contract award for services exceeding \$25,000.
- B. *EO Policies* should be included with the solicitation response.
- C. Contractors are responsible for providing updates or changes to their respective policies, and for supplying *EO Policies* upon request to other State agencies that must also comply with this statute.
- D. Prospective Contractors who are not required by law to have an *EO Policy* **must** submit a written statement to that effect.

1.15 PROHIBITION OF EMPLOYMENT OF ILLEGAL IMMIGRANTS

- A. Pursuant to Arkansas Code Annotated § 19-11-105, Contractor(s) providing services **shall** certify with OP that they do not employ or contract with illegal immigrants.
- B. By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

1.16 RESTRICTION OF BOYCOTT OF ISRAEL

- A. Pursuant to Arkansas Code Annotated § 25-1-503, a public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in and agrees for the duration of the contract not to engage in, a boycott of Israel.
- B. This prohibition does not apply to a company which offers to provide the goods or services for at least twenty percent (20%) less than the lowest certifying business.

- C. By checking the designated box on the Bid Signature Page of the Response Packet, a Prospective Contractor agrees and certifies that they do not, and will not for the duration of the contract, boycott Israel.

1.17 PAST PERFORMANCE

In accordance with provisions of State Procurement Law, specifically OP Rule R5:19-11-230(b)(1), a Prospective Contractor's past performance with the State may be used to determine if the Prospective Contractor is "responsible". Bids submitted by Prospective Contractors determined to be non-responsible will be rejected.

1.18 MASTERCARD ACCEPTANCE

- A. Awarded Contractor should have the capability of accepting the State's authorized MASTERCARD Procurement Card (p-card) as a method of payment.
- B. Price changes or additional fee(s) **must not** be levied against the State when accepting the p-card as a form of payment.
- C. MASTERCARD is not the exclusive method of payment.

1.19 RESERVATION

The State will not pay costs incurred in the preparation of a bid.

SECTION 2 – REQUIREMENTS

2.1 INTRODUCTION

This Competitive Bid (CB) is issued by the Arkansas Department of Human Services (DHS) Office of Procurement (OP) on behalf of the Division of Provider Services and Quality Assurance (DPSQA) for an independent data analysis firm to gather and analyze on caregiving and respite data across the entire state of Arkansas.

2.2 BACKGROUND

Lifespan Respite Care is a short-term break for primary caregivers, ranging from a few hours in the day to a few days. Respite care can be provided in-home or out-of-home in camps, a health care facility, or day center. Lifespan respite includes care for recipients of any age or diagnosis.

The goal of this contract is to update the Arkansas-related caregiving data, bring awareness to communities, and to build and enhance the Arkansas Lifespan Respite Program. It will do this by creating a sustainability plan which will be utilized for informational and decision-making purposes for state-plan and Medicaid services. This will be utilized for informational and legislative efforts and activities.

This project was supported, in part by grant number 90LRLI0045-01 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy

2.3 MINIMUM QUALIFICATIONS

- A. Contractor **must** be registered to do business in the State of Arkansas. For verification purposes, bidders **must** submit, at time of bid submission, official documentation of their active registration from the Arkansas Secretary of State's Office.
- B. Contractor and/or proposed subcontractors **must** provide staff capable of speaking and understanding multiple languages including, but not limited to, the following: English, Spanish, and Marshallese. For verification purposes, prospective contractor **must** provide, at time of bid submission, a plan to demonstrate how translation services will be provided for multiple languages.

2.4 MINIMUM SPECIFICATIONS

- A. Languages
Contractor **must** provide translation and interpretation in English, Spanish, and Marshallese languages. DPSQA reserves the right to request additional languages as needed.
- B. Data Collection
 1. Contractor **must** collect data on caregiving and respite care within the State of Arkansas.
 2. Contractor **must** capture data by utilizing various methods, including but not limited to the following methods:
 - a) Random Digit Dialing (RDD) telephone (cell/landline) interviews
 - b) Direct interviews with previous Lifespan Respite participants
 - c) Direct interviews with Medicaid waiver participants
 - d) Direct interviews with State Plan participants including those on the waitlist
 - e) Contractor may use additional methods as mutually agreed upon and approved by DHS
- C. Data Requirements
 1. Data collected **must** include the following information as applicable:
 - a) Demographic characteristics of caregiving situation

- b) Identification of all caregivers (primary caregivers and additional caregivers involved) as well as information regarding caregivers such as:
 - i. In and out of home delineations
 - ii. Outside employment type if applicable
 - iii. Hours of outside employment if applicable
 - iv. Field of outside employment if applicable
 - v. Travel time to outside employment if applicable
 - vi. Rate of pay for outside employment if applicable
 - c) Identification of care recipients as well as:
 - i. Level and type of disability
 - ii. Diagnosis
 - iii. Relationship between caregiver and care recipient
 - d) Level and duration of caregiving
 - i. Types of caregiving tasks
 - ii. Cultural perspective of Caregiver
 - e) Any Family Support Services - Instrumental Support Services being received/needed such as Respite, Financial Assistance, Assistive technology, State or Medicaid Support Services Programs
 - i. Length of service
 - ii. Frequency of service
 - iii. Services and items utilized
 - iv. Cost
 - f) Any Family Support Services – Informational and Training Supports Services being received/needed such as information of disability and diagnosis, Caregiver Skill building and training.
 - g) Any Family Support Services – Emotional Support Services being received/needed such as Support Groups, Counseling, and Faith-based groups.
 - h) The impact of caregiving on the family such as caregiver burden, caregiver stress, caregiver satisfaction, caregiver health and wellbeing, caregiver financial impact (i.e. Cost of caregiving including impacts on the caregiver's employment.)
2. DHS reserves the right to modify and/or add data requirements as needed.
 3. All data collected must be captured and compiled monthly using the template data sheet provided by DPSQA and **must** be submitted in an electronic format.

D. Outreach

1. During interviews, contractor **must** inform individuals of the Arkansas Lifespan Respite Program to increase awareness and access to information and services.
2. DPSQA will provide resources and information to the contractor to provide to those that are unaware of the program or in need of additional support such as funding and access to services.

E. Reporting

1. Contractor **must** submit a report each month using the template data sheet provided by DPSQA.
2. Monthly reports are due by close of business on the third (3rd) business day of the following month.
3. Contractor **must** report the following:
 - a) The percentage each mandatory language was used
 - b) Any additional languages requested
 - c) Whether the Contractor provided the services in the requested language
 - d) Quantity of new individuals contacted and method of contact
 - e) Quantity of Interviews Conducted
 - f) Amount of missed interview

- g) Amount of Rescheduled Interviews
- h) Quantity of individuals requesting additional information or resources
- i) Complaints (Complaint and Resolution)
- j) Any Difficulties/Challenges
- k) Additional information as requested by DHS

- 4 Pursuant to Ark. Code Ann. §12-18-402 (b)(10) and Ark. Code Ann. §§ 12-12-1708(a)(1)(AA), Contractor and all of its employees, agents, and all Subcontractors and Subcontractor's employees and agents shall immediately make a report to the Child Abuse Hotline or the Adult Maltreatment Hotline when there is reasonable cause to suspect abuse.

F. Results

Contractor **must** provide a final report including all collected data as an excel file along with a summary narrative of the project as a PDF file due no later than twelve (12) months after the contract start date. The final report **must** include, at minimum, the following:

1. Summary of project activities and outcomes
2. Describe how each activity was used to produce measurable outcomes.
3. Tools and resources used in communicating and gathering data (Examples: survey instruments, advertising, informational resources, etc.)
4. How many translations were needed and what languages
5. Challenges, if any, and what actions were taken to address challenges

2.5 OWNERSHIP OF DATA

1. DPSQA owns the data and reserves the right to redistribute the data to other agencies, the private sector, and the public. This includes the display and distribution of the data through the Internet.
2. The contractor shall not share the data at any time without express written consent by DPSQA. The contractor **shall** keep all related data confidential.
3. Contractor **must** provide an investigation/resolution plan for a data breach or suspected data breach for DPSQA's approval.
4. Contractor **must** follow DHS' privacy, security, and reporting policies and procedures.

2.6 ACCEPTANCE STANDARDS

Upon receipt of the final report, DHS, within a reasonable time not to exceed thirty (30) days, will review the data and will accept, reject, or request edits and/or changes to the data and report in writing. Any requests to the contractor for edits are due within ten (10) business days of receipt of the request and may not include changes to the data except for formatting and structural purposes. Bid must include a "total satisfaction" return policy for the final report and data collected and must not impose any liability on the State for such returns.

2.7 PERFORMANCE STANDARDS

- A. State law requires that all contracts for services include Performance Standards for measuring the overall quality of services provided. The Performance Standards, (see separate attachment), identifies expected deliverables, performance measures, or outcomes; and defines the acceptable standards the Contractor must meet in order to avoid assessment of damages.

- B. The State may be open to negotiations of Performance Standards prior to contract award, prior to the commencement of services, or at times throughout the contract duration.
- C. The State shall have the right to modify, add, or delete Performance Standards throughout the term of the contract, should the State determine it is in its best interest to do so. Any changes or additions to performance standards will be made in good faith following acceptable industry standards, and, may include the input of the Contractor so as to establish standards that are reasonably achievable.
- D. All changes made to the Performance Standards shall become an official part of the contract.
- E. Performance Standards shall continue throughout the term of the contract.
- F. Failure to meet the minimum Performance Standards as specified may result in the assessment of damages.
- G. In the event a Performance Standard is not met, the Contractor will have the opportunity to defend or respond to the insufficiency. The State may waive damages if it determines there were extenuating factors beyond the control of the Contractor that hindered the performance of services or if it is in the best interest of the State to do so. In these instances, the State shall have final determination of the performance acceptability.
- H. Should any compensation be owed to the agency due to the assessment of damages, Contractor shall follow the direction of the agency regarding the required compensation process.

SECTION 3 – GENERAL CONTRACTUAL ITEMS

3.1 PAYMENT AND INVOICE PROVISIONS

Invoices must submit via email to DPSQA.Finance@dhs.arkansas.gov

- A. Payment will be made in accordance with applicable State of Arkansas accounting procedures upon acceptance of goods and services by the agency.
- B. Travel will only be reimbursed at the current State mileage reimbursement rate. Travel Reimbursements must contain point to point mileage traveled by date and list the associated surveys completed as a result of the travel. Meals and overnight lodging are not approved for reimbursement as part of the contract.
- C. Do not invoice the State in advance of delivery and acceptance of any goods or services.
- D. Payment will be made only after the Contractor has successfully satisfied the agency as to the reliability and effectiveness of the goods or services purchased as a whole.
- E. The Contractor should invoice the agency by an itemized list of charges. The agency's Purchase Order Number and/or the Contract Number should be referenced on each invoice.
- F. Other sections of this *Bid Solicitation* may contain additional Requirements for invoicing.
- G. Selected Contractor **must** be registered to receive payment and future *Bid Solicitation* notifications. Contractors may register on-line at https://www.ark.org/vendor/index.html?_ga=2.171193120.1055728655.1627403954-558185391.1603916202

3.2 GENERAL INFORMATION

- A. The State will not:
 1. Lease any equipment or software for a period of time which continues past the end of a fiscal year unless the contract allows for cancellation by the State Procurement Official upon a 30-day written notice to the Contractor/lessor in the event funds are not appropriated.
 2. Contract with another party to indemnify and defend that party for any liability and damages.
 3. Pay damages, legal expenses or other costs and expenses of any other party.
 4. Continue a contract once any equipment has been repossessed.
 5. Agree to any provision of a contract which violates the laws or constitution of the State of Arkansas.
 6. Enter a contract which grants to another party any remedies other than the following:
 - a. The right to possession.
 - b. The right to accrued payments.
 - c. The right to expenses of de-installation.
 - d. The right to expenses of repair to return the equipment to normal working order, normal wear and tear excluded.

e. The right to recover only amounts due at the time of repossession and any unamortized nonrecurring cost as allowed by Arkansas Law.

B. Any litigation involving the State **must** take place in Pulaski County, Arkansas.

C. The laws of the State of Arkansas govern this contract.

D. A contract is not effective prior to award being made by a State Procurement Official.

3.3 CONDITIONS OF CONTRACT

A. Observe and comply with federal and State of Arkansas laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted subsequent to the execution of a resulting contract which in any manner affect the completion of the work.

B. Indemnify and save harmless the agency and all its officers, representatives, agents, and employees against any claim or liability arising from or based upon the violation of any such law, ordinance, regulation, order or decree by an employee, representative, or subcontractor of the Contractor.

3.4 STATEMENT OF LIABILITY

A. The State will demonstrate reasonable care but will not be liable in the event of loss, destruction or theft of Contractor-owned equipment or software and technical and business or operations literature to be delivered or to be used in the installation of deliverables and services. The Contractor will retain total liability for equipment, software and technical and business or operations literature. The State will not at any time be responsible for or accept liability for any Contractor-owned items.

B. The Contractor's liability for damages to the State will be limited to the value of the Contract or \$40,000 whichever is higher. The foregoing limitation of liability will not apply to claims for infringement of United States patent, copyright, trademarks or trade secrets; to claims for personal injury or damage to property caused by the gross negligence or willful misconduct of the Contractor; to claims covered by other specific provisions of the Contract calling for damages; or to court costs or attorney's fees awarded by a court in addition to damages after litigation based on the Contract. The Contractor and the State will not be liable to each other, regardless of the form of action, for consequential, incidental, indirect, or special damages. This limitation of liability will not apply to claims for infringement of United States patent, copyright, trademark or trade secrets; to claims for personal injury or damage to property caused by the gross negligence or willful misconduct of the Contractor; to claims covered by other specific provisions of the Contract calling for damages; or to court costs or attorney's fees awarded by a court in addition to damages after litigation based on the Contract.

C. Language in these terms and conditions **must not** be construed or deemed as the State's waiver of its right of sovereign immunity. The Contractor agrees that any claims against the State, whether sounding in tort or in contract, will be brought before the Arkansas Claims Commission as provided by Arkansas law and governed accordingly.

3.5 RECORD RETENTION

A. Maintain all pertinent financial and accounting records and evidence pertaining to the contract in accordance with generally accepted principles of accounting and as specified by the State of Arkansas Law. Upon request, grant access to State or Federal Government entities or any of their duly authorized representatives.

- B. Make financial and accounting records available, upon request, to the State of Arkansas's designee(s) at any time during the contract period and any extension thereof, and for five (5) years from expiration date and final payment on the contract or extension thereof.
- C. Other sections of this *Bid Solicitation* may contain additional Requirements regarding record retention.

3.6 CONFIDENTIALITY

- A. The Contractor, Contractor's subsidiaries, and Contractor's employees will be bound to all laws and to all Requirements set forth in this *Bid Solicitation* concerning the confidentiality and secure handling of information of which they may become aware of during the course of providing services under a resulting contract.
- B. Consistent and/or uncorrected breaches of confidentiality may constitute grounds for cancellation of a resulting contract, and the State has the right to cancel the contract on these grounds.
- C. Previous sections of this *Bid Solicitation* may contain additional confidentiality Requirements.

3.7 CONTRACT INTERPRETATION

Should the State and Contractor interpret specifications differently, either party may request clarification. However, if an agreement cannot be reached, the determination of the State is final and controlling.

3.8 CANCELLATION

- A. *For Cause*. The State may cancel any contract resulting from this solicitation for cause when the Contractor fails to perform its obligations under it by giving the Contractor written notice of such cancellation at least thirty (30) days prior to the date of proposed cancellation. In any written notice of cancellation for cause, the State will advise the Contractor in writing of the reasons why the State is considering cancelling the contract and provide the Contractor with an opportunity to avoid cancellation for cause by curing any deficiencies identified in the notice of cancellation for cause prior to the date of proposed cancellation. To the extent permitted by law and at the discretion of the parties, the parties may agree to minor amendments to the contract and avoid the cancellation for cause upon mutual agreement.
- B. *For Convenience*. The State may cancel any contract resulting from the solicitation by giving the Contractor written notice of such cancellation sixty (60) days prior to the date of cancellation.
- C. If upon cancellation the Contractor has provided commodities or services which the State of Arkansas has accepted, and there are no funds legally available to pay for the commodities or services, the Contractor may file a claim with the Arkansas Claims Commission under the laws and regulations governing the filing of such claims.

3.9 SEVERABILITY

If any provision of the contract, including items incorporated by reference, is declared or found to be illegal, unenforceable, or void, then both the agency and the Contractor will be relieved of all obligations arising under such provision. If the remainder of the contract is capable of performance, it will not be affected by such declaration or finding and **must** be fully performed.

SECTION 4 – STANDARD TERMS AND CONDITIONS

1. **GENERAL:** Any special terms and conditions included in this solicitation **shall** override these Standard Terms and Conditions. The Standard Terms and Conditions and any special terms and conditions **shall** become part of any contract entered into if any or all parts of the bid are accepted by the State of Arkansas.
2. **ACCEPTANCE AND REJECTION:** The State **shall** have the right to accept or reject all or any part of a bid or any and all bids, to waive minor technicalities, and to award the bid to best serve the interest of the State.
3. **BID SUBMISSION:** Original Bid Packets **must** be submitted to the Office of Procurement on or before the date and time specified for bid opening. The Bid Packet **must** contain all documents, information, and attachments as specifically and expressly required in the *Bid Solicitation*. The bid **must** be typed or printed in ink. The signature **must** be in ink. Unsigned bids **shall** be rejected. The person signing the bid should show title or authority to bind his firm in a contract. Multiple bids **must** be placed in separate packages and should be completely and properly identified. Late bids **shall not** be considered under any circumstances.
4. **PRICES:** Bid unit price F.O.B. destination. In case of errors in extension, unit prices **shall** govern. Prices **shall** be firm and **shall not** be subject to escalation unless otherwise specified in the *Bid Solicitation*. Unless otherwise specified, the bid **must** be firm for acceptance for thirty days from the bid opening date. "Discount from list" bids are not acceptable unless requested in the *Bid Solicitation*.
5. **QUANTITIES:** Quantities stated in a *Bid Solicitation* for term contracts are estimates only and are not guaranteed. Contractor **must** bid unit price on the estimated quantity and unit of measure specified. The State may order more or less than the estimated quantity on term contracts. Quantities stated on firm contracts are actual Requirements of the ordering agency.
6. **BRAND NAME REFERENCES:** Unless otherwise specified in the *Bid Solicitation*, any catalog brand name or manufacturer reference used in the *Bid Solicitation* is descriptive only, not restrictive, and used to indicate the type and quality desired. Bids on brands of like nature and quality will be considered. If bidding on other than referenced specifications, the bid **must** show the manufacturer, brand or trade name, and other descriptions, and should include the manufacturer's illustrations and complete descriptions of the product offered. The State **shall** have the right to determine whether a substitute offered is equivalent to and meets the standards of the item specified, and the State may require the Contractor to supply additional descriptive material. The Contractor **shall** guarantee that the product offered will meet or exceed specifications identified in this *Bid Solicitation*. Contractors not bidding an alternate to the referenced brand name or manufacturer **shall** be required to furnish the product according to brand names, numbers, etc., as specified in the solicitation.
7. **GUARANTY:** All items bid **shall** be newly manufactured, in first-class condition, latest model and design, including, where applicable, containers suitable for shipment and storage, unless otherwise indicated in the *Bid Solicitation*. The Contractor hereby guarantees that everything furnished hereunder **shall** be free from defects in design, workmanship and material, that if sold by drawing, sample or specification, it **shall** conform thereto and **shall** serve the function for which it was furnished. The Contractor **shall** further guarantee that if the items furnished hereunder are to be installed by the Contractor, such items **shall** function properly when installed. The Contractor **shall** guarantee that all applicable laws have been complied with relating to construction, packaging, labeling and registration. The Contractor's obligations under this paragraph **shall** survive for a period of one year from the date of delivery, unless otherwise specified herein.
8. **SAMPLES:** Samples or demonstrators, when requested, **must** be furnished free of expense to the State. Each sample should be marked with the Contractor's name and address, bid or contract number and item number. If requested, samples that are not destroyed during reasonable examination will be returned at Contractor's expense. After reasonable examination, all demonstrators will be returned at Contractor's expense.

9. **TESTING PROCEDURES FOR SPECIFICATIONS COMPLIANCE:** Tests may be performed on samples or demonstrators submitted with the bid or on samples taken from the regular shipment. In the event products tested fail to meet or exceed all conditions and Requirements of the specifications, the cost of the sample used and the reasonable cost of the testing **shall** be borne by the Contractor.
10. **AMENDMENTS:** Contractor's bids cannot be altered or amended after the bid opening except as permitted by regulation.
11. **TAXES AND TRADE DISCOUNTS:** Do not include State or local sales taxes in the bid price. Trade discounts should be deducted from the unit price and the net price should be shown in the bid.
12. **AWARD:** Term Contract: A contract award will be issued to the successful Contractor. It results in a binding obligation without further action by either party. This award does not authorize shipment. Shipment is authorized by the receipt of a purchase order from the ordering agency. Firm Contract: A written State purchase order authorizing shipment will be furnished to the successful Contractor.
13. **DELIVERY ON FIRM CONTRACTS:** This solicitation shows the number of days to place a commodity in the ordering agency's designated location under normal conditions. If the Contractor cannot meet the stated delivery, alternate delivery schedules may become a factor in an award. The Office of Procurement **shall** have the right to extend delivery if reasons appear valid. If the date is not acceptable, the agency may buy elsewhere, and any additional cost **shall** be borne by the Contractor.
14. **DELIVERY REQUIREMENTS:** No substitutions or cancellations are permitted without written approval of the Office of Procurement. Delivery **shall** be made during agency work hours only 8:00 a.m. to 4:30 p.m. Central Time, unless prior approval for other delivery has been obtained from the agency. Packing memoranda **shall** be enclosed with each shipment.
15. **STORAGE:** The ordering agency is responsible for storage if the Contractor delivers within the time required and the agency cannot accept delivery.
16. **DEFAULT:** All commodities furnished **shall** be subject to inspection and acceptance of the ordering agency after delivery. Back orders, default in promised delivery, or failure to meet specifications **shall** authorize the Office of Procurement to cancel this contract or any portion of it and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting Contractor. The Contractor **must** give written notice to the Office of Procurement and ordering agency of the reason and the expected delivery date. Consistent failure to meet delivery without a valid reason may cause removal from the Contractors list or suspension of eligibility for award.
17. **VARIATION IN QUANTITY:** The State assumes no liability for commodities produced, processed or shipped in excess of the amount specified on the agency's purchase order.
18. **INVOICING:** The Contractor **shall** be paid upon the completion of all of the following: (1) submission of an original and the specified number of copies of a properly itemized invoice showing the bid and purchase order numbers, where itemized in the *Bid Solicitation*, (2) delivery and acceptance of the commodities and (3) proper and legal processing of the invoice by all necessary State agencies. Invoices **must** be sent to the "Invoice To" point shown on the purchase order.
19. **STATE PROPERTY:** Any specifications, drawings, technical information, dies, cuts, negatives, positives, data or any other commodity furnished to the Contractor hereunder or in contemplation hereof or developed by the Contractor for use hereunder **shall** remain property of the State, **shall** be kept confidential, **shall** be used only as expressly authorized, and **shall** be returned at the Contractor's expense to the F.O.B. point provided by the agency or by OSP. Contractor **shall** properly identify items being returned.
20. **PATENTS OR COPYRIGHTS:** The Contractor **must** agree to indemnify and hold the State harmless from all claims, damages and costs including attorneys' fees, arising from infringement of patents or copyrights.
21. **ASSIGNMENT:** Any contract entered into pursuant to this solicitation **shall not** be assignable nor the duties thereunder delegable by either party without the written consent of the other party of the contract.

- 22. DISCRIMINATION:** In order to comply with the provision of Act 954 of 1977, relating to unfair employment practices, the Contractor agrees that: (a) the Contractor **shall not** discriminate against any employee or applicant for employment because of race, sex, color, age, religion, handicap, or national origin; (b) in all solicitations or advertisements for employees, the Contractor **shall** state that all qualified applicants **shall** receive consideration without regard to race, color, sex, age, religion, handicap, or national origin; (c) the Contractor will furnish such relevant information and reports as requested by the Human Resources Commission for the purpose of determining compliance with the statute; (d) failure of the Contractor to comply with the statute, the rules and regulations promulgated thereunder and this nondiscrimination clause **shall** be deemed a breach of contract and it may be cancelled, terminated or suspended in whole or in part; (e) the Contractor **shall** include the provisions of above items (a) through (d) in every subcontract so that such provisions **shall** be binding upon such subcontractor or Contractor.
- 23. CONTINGENT FEE:** The Contractor guarantees that he has not retained a person to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Contractor for the purpose of securing business.
- 24. ANTITRUST ASSIGNMENT:** As part of the consideration for entering into any contract pursuant to this solicitation, the Contractor named on the *Bid Signature Page* for this solicitation, acting herein by the authorized individual or its duly authorized agent, hereby assigns, sells and transfers to the State of Arkansas all rights, title and interest in and to all causes of action it may have under the antitrust laws of the United States or this State for price fixing, which causes of action have accrued prior to the date of this assignment and which relate solely to the particular goods or services purchased or produced by this State pursuant to this contract.
- 25. DISCLOSURE:** Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that order, **shall** be a material breach of the terms of this contract. Any Contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy **shall** be subject to all legal remedies available to the agency.