

WAC 388-106-1210 Who is eligible to receive respite care services through the family caregiver support program? (1) To be eligible to receive respite care services, the caregivers must:

(a) Have primary responsibility for the care or supervision of an adult with a functional disability who is not receiving a state or medicaid funded, long-term care service (e.g., COPES, personal care services, DD waiver); and

(b) Provide a minimum of an average of forty hours per week of care, and/or supervision, or live with an adult who needs continuous care or supervision; and

(c) Not receive financial payment for the care; and

(d) Be assessed in the TCARE®, tailored caregiver assessment and referral system and determined to meet the eligibility threshold levels determined by state level policy and have TCARE® recommend the strategy to introduce alternate sources for care to provide respite.

(2) An eligible participant is an adult who:

(a) Has a functional disability;

(b) Has a caregiver who is assessed in the TCARE® system and meets the criteria in WAC 388-106-1210(1); and

(c) Is not receiving a state or medicaid funded, long-term care service (e.g., COPES, personal care services, DD waiver).

[Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 12-13-040, § 388-106-1210, filed 6/13/12, effective 7/14/12; WSR 05-11-082, § 388-106-1210, filed 5/17/05, effective 6/17/05.]