

Table 5: Respite Care

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|-------------------|---|-----------------|----|-------------------------------|---------|-----------|--------------|--------------------|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| ALABAMA | | | | | | | | | | | | | | | | | | |
| FC | Alabama CARES | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Elderly & Disabled Waiver | X | | | X | | | | | | X | | X | | | X | | |
| ALASKA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | | | | | X | | | | X | | | | X |
| SC | Innovative Respite | X | | | X | | | Special activities | | | X | | X | | | | X | |
| ARIZONA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | AZ Long-Term Care System (ALTCS) | X | | X | X | X | | | | | X | | X | | | X | | |
| SC | Non-Medical Home and Community Based Services | X | | X | X | X | X | | | | X | | | X | | | | X |
| ARKANSAS | | | | | | | | | | | | | | | | | | |
| FC | Caring for the Caregiver Arkansas Caregivers | X | | X | X | X | | | | | X | | X | | | | | X |
| MC | ElderChoices Medicaid Waiver | X | | X | X | X | X | | | | X | | X | | | X | | |
| CALIFORNIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Multipurpose Senior Services Program (MSSP) | X | | X | X | X | | | | | | X | | X | | | | X |
| SC | Adult Day Health Care Program | X | | X | | | | | | | X | | | X | | | | X |
| SC | Alzheimer's Day Care Resource Center (ADCRC) | X | | X | | | | | | | X | | | X | | | | X |
| SC | Caregiver Resource Centers (CRCs) | X | | X | X | X | X | | | X | | | X | | | X | | |
| SC | In-Home Supportive Services (IHSS) | X | | | X | | | | | | X | | | X | | | | X |
| COLORADO | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Home and Community-Based Services for the Elderly, Blind and Disabled | X | | X | X | X | | | | | | X | X | | | X | | |

Notes: Table is based on the Part 1 Survey (Question 20).

Program Type: FC=National Family Caregiver Support Program; MC=Aged/Disabled Medicaid HCBS Waiver; SC=State-Funded Program

Program Name: FCSP=Family Caregiver Support Program; HCBS=Home and Community-Based Services

CG=Caregiver; CR=Care Receiver; N/A=Not Applicable; NR=No Response; Svcs.=Services

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|-----------------------------|---|-----------------|----|-------------------------------|---------|-----------|--------------|--|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| CONNECTICUT | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | Live-in home health aide | | | X | | X | | | X | | |
| MC | Home Care Program for Elders | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Statewide Respite Care Program | X | | X | X | X | | Live-in home health aide | | | X | | X | | | X | | |
| SC | Personal Care Assistance State-Funded Pilot Program | X | | X | X | X | X | | | | X | | X | | | | | X |
| DELAWARE | | | | | | | | | | | | | | | | | | |
| FC | CARE Delaware | X | | X | X | X | X | | | | X | | X | | | X | | |
| MC | Elderly & Disabled Waiver | X | | X | X | X | | | | | X | | X | | | X | | |
| DISTRICT OF COLUMBIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Elderly and Physical Disabilities Waiver | X | | | X | X | X | | | X | | | X | | | X | | |
| FLORIDA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Aged & Disabled Adult Medicaid HCBS Waiver | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Respite for Elders Living in Everyday Families (RELIEF) | X | | | X | | | | | X | | | X | | | X | | |
| SC | Home Care for the Elderly | X | | X | X | X | X | | | X | | | | X | | | | X |
| SC | Community Care for the Elderly | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Alzheimer's Disease Initiative | X | | X | X | X | X | | | | X | | | X | | | | X |
| GEORGIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | Extended respite (more than one weekend) | | | X | | | X | | | | X |
| MC | Community Care Services Program (CCSP) | X | | X | X | X | X | | | | X | | | X | | | | X |
| HAWAII | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | Weekend support groups | | | | X | | X | | | | X |
| MC | Nursing Home Without Walls | X | | X | X | X | X | | | X | | | | X | | | | X |
| SC | Kupuna Care | X | | X | X | | | | | | | X | | X | | | | X |
| IDAHO | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | | | | X | | | | X | | | | X |
| MC | HCBS Aged & Disabled Waiver | X | | X | X | | | | | X | | | X | | | X | | |
| SC | Senior Services Act, Respite Program | X | | X | X | X | | | | X | | | | X | | | | X |

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|----------------------|---|-----------------|----|-------------------------------|---------|-----------|--------------|---------------|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| ILLINOIS | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Community Care Program (CCP) | X | | X | | | | | | | | X | | | X | | | X |
| MC | Home Services program | X | | X | X | | | | | | X | | X | | | | X | |
| INDIANA | | | | | | | | | | | | | | | | | | |
| FC | Caring and Compassion | X | | X | X | | X | | | | X | | X | | | X | | |
| MC | Aged & Disabled Medicaid Waiver | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | CHOICE | X | | | X | | X | | | | X | | | X | | | | X |
| IOWA | | | | | | | | | | | | | | | | | | |
| FC | Iowa Family Caregiver | X | | X | X | X | | | | | X | | | X | | | | X |
| MC | Elderly Waiver | X | | X | X | X | X | | | X | | | | X | | | | X |
| KANSAS | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | X | | |
| MC | Home & Community Based Frail Elder Waiver | X | | X | X | X | | | | | X | | X | | | X | | |
| SC | Senior Care Act Program | X | | X | X | | X | | | | X | | | X | | | | X |
| KENTUCKY | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | | | | | | X | | X | | | | X | |
| SC | Adult Day / Alzheimer's Respite | X | | X | X | | X | | | | X | | | X | | | | X |
| LOUISIANA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | | X | | | | | | X | | X | | | X | | |
| MC | Medicaid Home and Community-Based Waiver | | X | | | | | | X | | | X | | | X | | | X |
| MAINE | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Program | X | | X | X | X | | | | X | | | X | | | | X | |
| MC | MaineCare | X | | X | X | X | | | | | X | | X | | | X | | |
| SC | Home-Based Care | X | | X | X | X | | | | | X | | X | | | X | | |
| SC | Partners in Caring | X | | X | X | X | X | | | | X | | X | | | X | | |
| MARYLAND | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Medicaid Waiver for Older Adults | X | | X | X | X | | | | | X | | X | | | X | | |
| SC | Respite for Caregivers of Adults with Functional Disabilities | X | | X | X | X | X | | | | X | | X | | | X | | |
| MASSACHUSETTS | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Home and Community-Based Waiver | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Home Care Program | X | | X | X | X | X | | | | X | | | X | | | | X |

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|--------------------|---|-----------------|----|-------------------------------|---------|-----------|--------------|--|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| MICHIGAN | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | MI Choice | X | | X | X | X | | | | | X | | | X | | | | X |
| SC | State / Escheat Respite | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Caregiver Respite Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MINNESOTA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Elderly Waiver | X | | X | X | X | | Out of home care provided by neighbor, friend, or family | | | X | | | X | | | | X |
| SC | Alternative Care Program | X | | X | X | X | | Out of home care provided by neighbor, friend, or family | | | X | | | X | | | | X |
| MISSISSIPPI | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | X | | |
| MC | Elderly and Disabled Waiver | X | | X | X | X | | | | X | | | X | | | X | | |
| MISSOURI | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | | X | | | | X | | X | | | | X | |
| MC | Aged and Disabled Waiver | X | | X | X | X | | | | | X | | | X | | | | X |
| MONTANA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiving Support | X | | X | X | X | | | | X | | | | X | | | | X |
| MC | Home and Community-Based Services Program for Elderly and Physically Disabled | X | | X | X | X | X | | | | X | | | X | | | | X |
| NEBRASKA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Aged and Disabled Waiver | X | | X | X | X | X | Individualized services | | X | | | | X | | | | X |
| SC | Respite Subsidy Program Across the Lifespan | X | | X | X | X | X | | | X | | | X | | | X | | |
| NEVADA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | | X | | | | | | X | | | X | | | | X |
| MC | Community Home-Based Initiatives Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Independent Living Grant | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Community-Based Care Caregiving Training | | X | | | | | | X | | | X | | | X | | | X |

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|-----------------------|--|-----------------|----|-------------------------------|---------|-----------|--------------|-----------------|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| NEW HAMPSHIRE | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | X | | |
| MC | Elderly and Chronically Ill Waiver | X | | X | X | X | X | | | | X | | X | | | X | | |
| NEW JERSEY | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | | | | | | X | | | X | | | | X |
| MC | Community Care Program for the Elderly and Disabled | X | | X | X | X | X | Assisted living | | | X | | X | | | X | | |
| MC | Enhanced Community Options (ECO) | X | | X | X | X | X | Assisted living | | | X | | X | | | X | | |
| SC | New Jersey Statewide Respite Care Program (SRCP) | X | | X | X | X | X | | | | X | | X | | | X | | |
| SC | Adult Day Services Program for Persons with Alzheimer's Disease or Related Dementias | X | | X | | | | | | X | | | X | | | X | | |
| SC | Jersey Assistance for Community Caregiving | X | | X | X | X | X | Assisted living | | | X | | X | | | X | | |
| NEW MEXICO | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | | | | | X | | | X | | | | X |
| MC | Disabled and Elderly Home and Community-Based Services Waiver | X | | | X | | | | | X | | | X | | | X | | |
| NEW YORK | | | | | | | | | | | | | | | | | | |
| FC | Eldercare Family Support Program (EFSP) | X | | X | X | X | | | | | X | | | X | | | | X |
| SC | Respite Program | X | | X | X | X | X | | | | X | | X | | | X | | |
| NORTH CAROLINA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Community Alternatives Program for Disabled Adults (CAP/DA) | X | | X | X | X | X | | | | X | | X | | | X | | |
| SC | Respite Care Program | X | | X | X | | | | | | X | | | X | | | | X |
| NORTH DAKOTA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | X | | | X | | | X | | |
| MC | Aged & Disabled Waiver | X | | X | X | X | X | | | X | | | X | | | X | | |
| SC | Family Home Care | X | | | X | X | X | | | X | | | X | | | X | | |
| OHIO | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | PASSPORT HCBS Waiver Program | X | | X | X | | | | | | X | | | X | | | | X |
| SC | Alzheimer's Respite Program | X | | X | X | X | X | | | | X | | | X | | | | X |

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|-----------------------|---|-----------------|----|-------------------------------|---------|-----------|--------------|---------------------------|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| OKLAHOMA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | | | | | X | | X | | | | X | |
| MC | Advantage Program | X | | | X | X | | | | NR | NR | NR | | X | | | | X |
| SC | Respite Resource Network | X | | X | X | X | X | | | | X | | X | | | X | | |
| OREGON | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | NR | NR | NR | X | | | | X | |
| MC | Medicaid Waiver / In-Home Care | X | | X | X | X | | | | | | X | | X | | | | X |
| SC | Lifespan Respite Care Networks | X | | X | X | X | X | | | | X | | | X | | | | X |
| PENNSYLVANIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | PA Department of Aging 60+ Medicaid Waiver | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | PA Family Caregiver Support Program | X | | X | X | X | X | | | X | | | | X | | | | X |
| SC | OPTIONS | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | BRIDGE | X | | X | X | X | X | | | | X | | | X | | | | X |
| RHODE ISLAND | | | | | | | | | | | | | | | | | | |
| FC | Partners in CaRIng | X | | X | X | X | | | | | X | | X | | | X | | |
| MC | Home and Community-Based Waiver | | X | | | | | | X | | | X | | | X | | | X |
| SOUTH CAROLINA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Elderly / Disabled Home and Community-Based Waiver | X | | X | | X | | Companion services | | | X | | X | | | X | | |
| SOUTH DAKOTA | | | | | | | | | | | | | | | | | | |
| FC | Caregiver Program | X | | X | X | X | X | Weekly stay in a facility | | X | | | X | | | X | | |
| MC | Home and Community-Based Elderly Waiver | X | | X | | | | | | | | X | | X | | | | X |
| TENNESSEE | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | | X | X | | | | X | |
| SC | Home and Community-Based Long-Term Care for Non-Medicaid Elderly and Adults with Disabilities | | X | | | | | | X | | | X | | | X | | | X |
| TEXAS | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | | | | | X | | | X | | | | X |
| MC | Community-Based Alternatives | X | | | X | X | | | | | X | | X | | | X | | |
| SC | Respite Care Program | X | | X | X | X | | | | X | | | X | | | X | | |
| SC | In-Home and Family Support Program | X | | X | X | X | | | | X | | | | X | | | | X |

| Program | | Provide Respite | | Types of Respite Care Offered | | | | | | CG Must Live with CR to Receive Respite | | | Respite Cap | | | Respite Cap Uniform across Program Sites | | |
|----------------------|--|-----------------|----|-------------------------------|---------|-----------|--------------|----------------------------------|-----|---|----|-----|-------------|----|-----|--|----|-----|
| Type | Name | Yes | No | Adult Day Svcs. | In-home | Overnight | Weekend/Camp | Other Respite | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| UTAH | | | | | | | | | | | | | | | | | | |
| FC | Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | X | | |
| MC | Medicaid Aging Waiver | X | | X | X | X | | | | | X | | | X | | | | X |
| SC | Home and Community-Based Alternatives | X | | X | X | X | X | | | | X | | NR | NR | NR | | | X |
| VERMONT | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | X | | | | X | |
| MC | Home-Based Medicaid Waiver | X | | X | X | X | | | | NR | NR | NR | X | | | X | | |
| VIRGINIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Elderly and Disabled Waiver | X | | X | X | X | X | | | X | | | X | | | X | | |
| SC | Caregiver Grant Program | | X | | | | | | X | | | X | | | X | | | X |
| SC | Respite Care Initiative Grant | X | | X | X | | | Companion services; Hospice | | X | | | X | | | X | | |
| SC | Respite Care Grant Program 2003 | X | | X | | | | Transportation to adult day care | | | X | | | X | | | | X |
| WASHINGTON | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Community Options Program Entry System (COPES) | | X | | | | | | X | | | X | | | X | | | X |
| SC | WA Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| SC | Respite Care Services | X | | X | X | X | X | | | | X | | | X | | | | X |
| WEST VIRGINIA | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support | X | | X | X | | X | | | | X | | | X | | | | X |
| MC | Medicaid Aged and Disabled Waiver | | X | | | | | | X | | | X | | | X | | | X |
| WISCONSIN | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | X | | | X | | | X | | |
| MC | Community Options Program Waiver (COP-W) | X | | X | X | X | X | | | X | | | | X | | | | X |
| SC | Alzheimer's Family & Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| WYOMING | | | | | | | | | | | | | | | | | | |
| FC | Family Caregiver Support Program | X | | X | X | X | X | | | | X | | | X | | | | X |
| MC | Home and Community-Based Services Waiver for Elderly and Physically Disabled | X | | X | X | | | | | | | X | | X | | | | X |
| SC | Community Based In-Home Services Program (CBIHS) | X | | X | X | | | Chore services; Hospice | | | X | | | X | | | | X |

