

**Lifespan Respite Care Program of 2006
Reauthorization Public Input Summary
April, 2011**

Introduction

The Lifespan Respite Care Program (LRCP) was authorized by Congress in December 2006. Since 2009, the Administration on Aging (AoA) has been working with states to develop and enhance respite care delivery systems and improve the availability and quality of respite care services. Lifespan Respite Care Programs are coordinated *systems* of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs. Such systems bring together Federal, state and local resources and funding streams to help support, expand and streamline the delivery of planned and emergency respite services, recruitment and training of respite workers, and caregiver training and empowerment.

In 2011, Congress will consider reauthorization of the LRCP effective in FY 2012. To help inform the reauthorization process, AoA solicited input from interested individuals and organizations. Between January 6 and March 31, 2011, a total of 23 responses were received electronically and in writing and addressed a range of topics including broad general support for the continuation of the program to specific suggestions about its future development and administration. Following is a summary of the input that was received.

Input Summary

All 23 responders in one way or another indicated strong support for the program and respite services in general. Five respondents urged Congress to make no changes to the Act, including retaining current statutory language and intent stipulating that all populations are to be served and that no phase-in of population groups be permitted. Four responders specifically indicated that the mandatory provisions in the law that focus on serving the broadest age and disability spectrum should be retained. In addition, it was requested these provisions continue to be required at the outset of grant activities and that programs develop on a statewide basis from the beginning.

Three responders expressed support for the continued strong roles and functions of the stateside Respite Coalitions and the continued requirement of the memorandum of agreement between the Coalition and the Lead Agency. Such a memorandum provides assurances to constituents, members and stakeholders of their participation in planning and implementation of the Program and ensures respite expertise and caregiver input across the age and disability spectrum.

Four responders felt strongly that the Lifespan Respite Care Program should not be folded or consolidated into the Older Americans Act or other federal programs. The

Act contains provisions for building respite capacity and provides for the development of planned and emergency respite; the recruitment and training of respite providers; and improving quality, collaboration, coordination and access to respite for all ages. Such provisions make the Act a unique and a critical component of overall long term services and supports system.

Finally, as the statute is currently written, states have considerable flexibility and local control in implementing Lifespan Respite Care Programs. Five responders felt that such flexibility and local control should be retained in the reauthorization of the Act as such qualities permit states to determine the best approaches for developing respite systems that respond to the unique needs within their own communities.