

TITLE 3: HUMAN RESOURCES
DIVISION 2: HEALTH

§ 2431. Definitions and Scope.

As used in this Act unless the context provides otherwise:

(a) “Caregiver” means an individual providing ongoing care to one who is unable to care for oneself.

(b) “Community Respite Services Program” means a program that:

(1) is operated by a community-based private nonprofit or for-profit agency or a public agency that provides respite services;

(2) receives funding through the Commonwealth Respite Services Program established under [3 CMC § 2432](#);

(3) serves an area in one or more of the three senatorial districts;

(4) acts as a single local source for respite services information and referral; and

(5) facilitates access to local respite services.

(c) “DCCA” means the Department of Community and Cultural Affairs.

(d) “Non-categorical care” means care without regard to the age, income, ethnicity, race, nationality, special need or situation, or other status of the individual receiving care.

(e) “Provider” means an individual or agency selected by a family or caregiver to provide respite services to an individual with special needs.

(f) “Respite care” means the provision of short-term relief to primary caregivers from the demands of ongoing care for an individual with special needs.

(g) “Eligible recipients” means the primary caregivers of target dependents. The determination of eligibility for services is based on the needs of the family, with special attention given to the needs of the individual receiving care and the primary caregiver.

(h) “Target dependents” are children with developmental disabilities residing at home, or adults with developmental disabilities who reside with aging parents, children, and older individuals who are medically fragile, have developmental disabilities, dementia, and other conditions and who reside at home of primary caregiver such as adult children, grandchildren, or other caregiving relative.

(i) Respite services include but are not limited to:

(1) recruiting and screening of paid and unpaid respite care providers.

(2) identifying local training resources and organizing training opportunities for respite care providers.

(3) matching families and caregivers with providers and other types of respite care.

(4) providing vouchers, payment, subsidies, stipends, grants, and linking families and caregivers with payment resources.

(5) identifying, coordinating, and developing community resources for respite services.

(6) quality assurance and evaluation.

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(7) assisting families and caregivers to identify respite care needs and resources.

(8) develop and operate a center-based respite day program.

Source: [PL 14-36](#), § 2; repealed and reenacted by [PL 20-43](#) § 2 (Mar. 2, 2018), modified.

Commission Comment: [Historical comments removed.]

The Commission capitalized “Community Respite Services Program” in (b) for consistency pursuant to [1 CMC § 3806\(f\)](#). The Commission inserted “is” before “operated” in (b)(1) pursuant to [1 CMC § 3806\(g\)](#).