

**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) 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) “Council” means the CNMI Council on Developmental Disabilities.

(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, loans, grants, and linking families and caregivers with payment resources.

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

(6) quality assurance and evaluation.

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

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(8) assisting with the development of existing or needed facilities for respite care services.

**Source:** PL 14-36, § 2, modified.

**Commission Comment:** Subsection (b)(2) was modified pursuant to 1 CMC § 3806(c) by changing “Section 3 of this Act” to “3 CMC § 2432.” PL 14-36 went into effect on October 13, 2004 and contained the following findings, in addition to savings and severability provision:

Section 1. Findings. The Legislature finds that the Commonwealth may have as many as eight hundred families providing long term care at home to family members with developmental disabilities, with little or no help available to these families. Supporting the efforts of families and caregivers to care for individuals at home is efficient, cost-effective, and humane. Families receiving occasional respite services are less likely to request admission of an individual to foster care, or other out-of-home care at public expense. Respite services reduce family and caregiver stress, enhance family and caregiver coping ability, and strengthen family and caregiver ability to meet the challenging demands of caring for family members. Respite services reduce the risk of abuse and neglect of children, senior citizens, and other vulnerable groups. The Legislature therefore finds that coordinated respite services must be made available locally to provide reliable services when needed by families and caregivers regardless of where they live in the Commonwealth.