

# APPENDIX B



## **RESPITE REVIEW SESSION SUMMARIES**

## **Respite Service Review Summary**

May 22<sup>nd</sup> 2018

Torrance – Long Beach

### **Attendance:**

There were a total of 21 individuals who participated in this service review, including Board members, parents, service providers and HRC staff.

### **Presentation Summary:**

LaWanna Blair, Director of Early Childhood facilitated the review session. After introductions were made she provided an overview of the objectives for the three respite sessions including a brief review of the service review protocol.

What to expect in the next 3 session:

- First meeting, overview of HRC respite policy and the policies of other Regional Centers, written materials and respite assessment tools.
- Second meeting dedicated to presentations from three respite service providers
- Third meeting will provide an opportunity to share and review material, allow for further discussion and obtain participant feedback

Mrs. Blair began the presentation with a definition of *respite* which is defined as “an intermittent relief or rest from the additional demands that may be placed on a family caring for a son or daughter with a disability. “*Intermittent relief*” mean that the break from caregiving is intended to be periodic, as opposed to continuous and that it is time limited. She also referenced the WIC code: 4646(a) which specifies, “the individual program plan and provisions of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities....”.

Mrs. Blair explained that in 2009 during the recession the Legislature put caps in place on the purchase of respite services. In 2017, The Legislature took action to lift the cap by repealing WIC Code 4685.5. Effective January 2018 there was no longer a cap on respite and regional centers are now able to provide respite based on the assess needs of the family. Mrs. Blair shared that DDS required regional centers to revise/modify their current respite purchase of service policies and many regional centers have already modified their policies and are waiting on the final approval from DDS. Mrs. Blair also explained that families choosing to access respite services are subjected to the Family Cost Participation Program (FCPP). This program does not apply to all families but would require parents affected by this program to share responsibility with the regional center.

Mrs. Blair clarified some common questions that often come up about how respite can be utilized and the level of experience of respite workers. She also shared that we will hear from some of our respite providers at the next meeting on June 26<sup>th</sup>.

Mrs. Blair spent some time talking about the different types of respite as indicated below:

- **Self-directed:** provided by an unlicensed person who has been referred by the family to the agency and is hired by the agency specifically to care for their son or daughter. The individual has to complete the standard job application process including passing a background check and appropriate training.
- **Agency Respite:** provided by an unlicensed staff who is employed by a respite agency. These individuals have already been hired by one of regional centers' respite service providers.
- **Medical respite:** provided by a license nurse usually LVN or RN, they may do a nursing assessment to determine the hours of respite needed.
- **Out of home respite:** the client moves from the family home to a licensed home for twenty four hour care for a brief period of time.
- **Camp respite:** some families may have a need to utilize camp as their respite, in these cases families should consult with their service coordinator. Camp continues to be a suspended service.

Mrs. Blair introduced Judy Wada, Chief Financial Officer. Mrs. Wada shared some data specific to January 2018. Some of the information she shared includes:

- Demographics:
  - Total HRC clients receiving respite 16%
  - Gender: Female 32% and Male 68%
  - Age: the average age for of respite use is 23.4, the oldest client receiving respite is 85 yrs. old
  - 29% of HRC clients who are 6-10 yrs. old receive respite
  - Ethnicity : 45% Hispanic, White 21%, Asian 12%, African America 12%, Other 11%
  - Language: English 73%, Spanish 21%, Other 6%
- Respite breakdown by city:
  - Long Beach has a higher usage of respite (33%) in comparison to other cities
- Respite rates:
  - Agency: \$24.70 per client/per hour
  - Self-directed: \$16.46 per client/per hour
  - Medical: \$ 29.41 per client/per hour
  - Out of home depends on the type of home (Level 3 \$190.19 per client/per day)

Mrs. Wada shared that in January 2018 HRC converted to a quarterly system which allows families to utilize their respite hours at their discretion in a given quarter. She also shared that when a family's income is above the 400% poverty level they have to share the cost.

After the break, Mrs. Blair spent some time talking specifically about the form HRC respite policy and assessment tool. She share a draft of the new HRC respite assessment tool and spoke at length about the assessment process, including why and what information is used when assessing a family's need for respite. She provided detail on the following:

- Governing laws
- Service requests should be facilitated through the IPP process
- If the person with a developmental disability has behavior challenges or special needs that exceeds those of people the same age without a disability
- Consideration of natural supports
- Consideration of exceptional circumstances

Mrs. Blair talked about some HRC future plans including creating a Saturday Center Based Respite program, an out-of-home option for individuals with medical needs and revising the HRC respite assessment policy, guidelines and tool. She invited participants to provide input during the third respite review session.

### **Handouts:**

The following documents were handed out to those in attendance:

- Service Review Protocol
- Service Review Session Schedule
- Applicable Welfare & Institution Codes
- HRC – “Former” Respite Policy
- HRC – General Standards Policy
- HRC – Family Respite Needs Assessment Guidelines
- HRC – Family Needs Assessment Summary Sheet
- HRC – *Draft* Respite Service Assessment Guidelines
- HRC – *Draft* Respite Needs Assessment Tool
- HRC – Making it Happen Booklet: Let's Talk About Respite
- Westside Regional Center – Draft Respite Guidelines
- San Gabriel Pomona Regional Center – Respite Policy
- South Central Los Angeles Regional Center – Respite Policy
- Lanterman Regional Center – Respite Policy/Standards
- North Los Angeles Regional Center – Respite Policy/Standards
- East Los Angeles Regional Center – Respite Policy & Assessment Tool

### **Questions/Comments:**

Participants asked a lot of questions and made comments related to the data presented, specifically: the range of data presented (wanting to view data greater than one month), how the quarterly system works and the concern that the number of hours allotted are not sufficient to meet out of home respite needs. Other areas of concerns are as follows:

- There were some questions related to how HRC monitor respite providers and the process for addressing concerns with the providers
- The participants were interested in knowing how we use the respite assessment tool and how the draft tool is different from the tool currently used by the service coordinators
- The participants were interested in knowing about out of home respite providers and how the family would benefit from this support.

Mrs. Blair advised that the next session is scheduled on June 26<sup>th</sup> from 6:00-8:00pm in the HRC Long Beach office, Conference room LB1. She shared that we will hear from three of our respite service providers, including Oxford Homecare, 24 Hour Home Care and Cambrian Homecare.

## **Respite Service Review Summary**

June 27, 2018

Long Beach

### **Attendance:**

There were a total of 41 individuals who participated in this service review, including Board members, parents, service providers and HRC staff.

### **Presentation Summary:**

LaWanna Blair, Director of Early Childhood facilitated the review session. After introductions were made she provided an overview of the information share at the previous respite session and went over the service review protocol. She also shared the outline of the meeting which will include presentations from three respite providers.

### **Presentation from Oxford Home Care by Alex Aldana:**

Mr. Aldana briefly spoke about his background and the history of the agency. He then shared the different types of respite service provided by Oxford Homecare, specifically medical and non-medical respite. Mr. Aldana shared that they also have contracts with private health insurance companies and some Medi-cal HMO plans to provide medical services to clients such as EPSDT. He also shared some demographic information regarding the clients they serve. He spoke about the education and experience requirement of their workers. Oxford's hiring requirements include; a minimum of 1 year experience in the field for staff providing non-medical respite; they have extensive requirements for staff providing medical respite, i.e. appropriate credentials/licensure, current TB, CPR, First Aide, and Flu Vaccine.

Oxford currently services five Regional Centers including HRC. They currently serve approximately 500 clients, 60 of those clients are from HRC. Mr. Aldana spoke about the importance of parents requesting for respite in advance to ensure they have sufficient time to arrangements for appropriate staffing.

Parents asked questions in reference to the following:

- Ensuring that all medical respite hours are staffed by Oxford
- Verifying the skills of the staff assigned to provide services
- Requesting services with plenty of notice, but not having staff to provide the hours
- Service rate too low
- Self-directed respite consideration if provider does not have staff available
- Duties of a respite worker when providing services
- Clarifying information on cooking and bathing a client

### **Presentation from 24 Hour Home Care by Diana Hernandez, Stephanie Aguilar and Eric Asta.**

Ms. Hernandez began the presented by providing an overview of their organization. They have been providing non-medical respite for 8 years; they are able to staff cases for 24 hours. She explained that they are able to assist with grooming, toileting, exercise and homework assistance. Mrs. Hernandez explained they have a rigorous hiring and training process which includes a regular routine of conducting quality assurance visits. Potential hires have to complete two

interviews and a background check; if hired they have to complete a TB test, First Aide, CPR and HIPPA training, a mandatory new staff orientation, etc. While they do not have a minimum number of hours to staff a case they have found it difficult to find staff for less than 3 hours. 24 Hour Homecare offers a Self- directed respite option where families can choose their own provider. However, they must be over age 18, pass a background check, not be living in the home with the client and be able to pass the first aid and CPR requirement.

Parents asked questions in reference to the following:

- Difference in pay for self-directed caregivers' vs agency caregivers
- How they provide support when the self-directed worker has an emergency and cannot provide support
- Staffing trends, demographics of respite workers
- Whether they offer services to siblings who are not HRC clients
- Not enough Spanish speaking caregivers to work with the Latino/Hispanic community
- Having cameras in the home (the family must notify 24 Hour homecare they have cameras in the home).

### **Presentation by Cambrian Homecare, Rhiannon and Paul Quiroz**

Ms. Rhiannon presented an overview of Cambrian Homecare and their longstanding partnership with HRC and HOPE. Ms. Rhiannon shared that Cambrian believes that clients have the right to live a meaningful life in the community. Mr. Quiroz has 17 years servicing HRC and consumers. Cambrian has an office in Torrance and Long Beach and providers go through an extensive background check, including first aid and CPR. They also look to hire bilingual staff. They work with a variety of clients with varying diagnoses. They provide agency, self-directed, medical and non-medical respite services. Cambrian shared they charge families \$5 to care for siblings who are not a client of HRC. Cambrian also shared that they only get paid for services if they are provided, and do not get any incentive if the hours are not used.

Parents asked questions in reference to the following:

- How do they assess the quality of providers
- Difficult with obtaining assistance on the weekends
- Concerns regarding a delay in having background check for the self-directed worker (several responded that it depends of the background history of the individual and the process can take up to 2 months)
- Cultural competency amongst staff
- Frequent cancellations of staff

Mrs. Blair shared that the final session is scheduled for July 24<sup>th</sup> from 6:00-8:00pm in the HRC Long Beach office, Conference room LB1. She shared that parents will have an opportunity to provide their input/feedback on the respite process at HRC.