

APPENDIX A



RESPITE REVIEW SESSION I

MAY 22, 2018



Harbor Regional Center
Service Review Schedule
Respite Services

Meetings are scheduled for the fourth Tuesday of each month

First Meeting- May Day, 2018

During the first meeting, our objective is to present a brief overview of HRC's respite policy and the policies of other regional centers and we will share the written materials we have created for families concerning respite services. We will also review the various respite assessment tools used by HRC and other regional centers. We will share information contained in the Lanterman Act and the applicable regulations related to respite. HRC will share overall information about the number of clients receiving respite services, the range of hours per month and the overall cost of these services. We will ensure that there is sufficient time after the presentation of all of the material to hear from those participating as to their recommendations.

Second Meeting- June Day, 2018

This meeting will be dedicated to presentations from three of the service providers in the HRC service area that provide respite services for HRC families. Each will present information about their respective organizations including the different services offered as well as data regarding the clients served. We hope to have an opportunity to talk about the rates for respite services as well. And we hope to have one or two families who receive these services share their experience with the service and any recommendations they might have. Again we will have an opportunity to hear from participants as to any recommendations they may have.

Third Meeting- July Day, 2018

The third meeting will be provide an opportunity to share and review any of the material intended for the preceding sessions but not yet addressed. This session will be dedicated primarily to further discussion and feedback on the information provided in the two preceding review sessions.

Draft Report:

HRC staff will prepare a draft report which will:

- Summarize HRC policies and practices in the areas of respite services
- Summarize the input we received regarding what works best and what might be improved
- Make recommendations for changes to policies and practices

HRC will provide the draft report to those who have participated in the review and will provide an opportunity for comment on the draft report.

Final Report:

HRC staff will finalize the report based upon input received and will present the final report to the HRC Board of Trustees.

Note: The agenda for this service review is very full and we recognize that there may be a need to schedule additional review sessions in order to complete a comprehensive review. We will remain flexible and add sessions as needed.



**SERVICE REVIEW
MEETING PROTOCOL**

- **We request that all guests sign in and we ask that you to leave your contact information where indicated if you would like to receive follow up information that may be available**
- **We encourage those interested in the service under review to attend all review sessions that are planned in order to get a comprehensive understanding of the policies and practices currently in place**
- **As we have a large amount of material to cover, we request that participants hold their questions to the end of each session; please know that we will make every effort to provide responses for all questions at some point in the review process**
- **We understand there may be some guests who have questions related to themselves or their family member's circumstances; please be assured we would like to address these questions or concerns with you but will need to do so privately and not as part of these service reviews**



**REVISIÓN DE SERVICIO
PROTOCOLO DE REUNIÓN**

- **Solicitamos que todos los invitados se registren y le pedimos que deje su información de contacto donde se indique si desea recibir información de seguimiento que haya disponible.**
- **Animamos a los interesados en el servicio analizado a asistir a todas las sesiones de revisión que están planeadas con el fin de obtener una comprensión integral de las pólizas y prácticas que están actualmente vigentes.**
- **Como tenemos gran cantidad de material para cubrir, solicitamos que los participantes hagan sus preguntas al final de cada sesión; Por favor, sepa que haremos todo lo posible para proporcionar respuestas a todas las preguntas en algún momento del proceso de revisión.**
- **Entendemos que puede haber algunos invitados que tienen preguntas relacionadas con ellos o con las circunstancias de su miembro de familia; Por favor, entienda de que no gustaría abordar estas preguntas o preocupaciones con usted, pero tendrá que hacerlo en privado y no como parte de estas revisiones de servicio.**



HARBOR
REGIONAL
CENTER

STATUTES AND REGULATIONS

WELFARE AND INSTITUTION CODES

4512. (b) "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, and normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option.

(d) "Consumer" means a person who has a disability that meets the definition of developmental disability set forth in subdivision (a).

(e) "Natural supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

4646.4. (a) Regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family service plan pursuant to Section 95020 of the Government Code, the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and when purchasing services and supports, shall ensure all of the following:

(1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to subdivision (d) of Section 4434.

(2) Utilization of generic services and supports when appropriate.

(3) Utilization of other services and sources of funding as contained in Section 4659.

(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

4648. In order to achieve the stated objectives of a consumer's individual program plan, the regional center shall conduct activities, including, but not limited to, all of the following:

(a) Securing needed services and supports.

(2) In implementing individual program plans, regional centers, through the planning team, shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, where appropriate, his or her family.

4686. (a) Notwithstanding any other provision of law or regulation to the contrary, an in-home respite worker who is not a licensed health care professional but who is trained by a licensed health care professional may perform incidental medical services for consumers of regional centers with stable conditions, after successful completion of training as provided in this section. Incidental medical services provided by trained in-home respite workers shall be limited to the following:

- (1)** Colostomy and ileostomy: changing bags and cleaning stoma.
 - (2)** Urinary catheter: emptying and changing bags and care of catheter site.
 - (3)** Gastrostomy: feeding, hydration, cleaning stoma, and adding medication per physician's or nurse practitioner's orders for the routine medication of patients with stable conditions.
- (b)** In order to be eligible to receive training for purposes of this section, an in-home respite worker shall submit to the trainer proof of successful completion of a first aid course and successful completion of a cardiopulmonary resuscitation course within the preceding year.

4690.2. (a) The Director of Developmental Services shall develop program standards and establish, maintain, and revise, as necessary, an equitable process for setting rates of state payment, based upon those standards, for in-home respite services purchased by regional centers from agencies vendored to provide these services. The Director of Developmental Services may promulgate regulations establishing these standards and the process to be used for setting rates. "In-home respite services" means intermittent or regularly scheduled temporary nonmedical care and supervision provided in the client's own home, for a regional center client who resides with a family member. These services are designed to do all of the following:

- (1)** Assist family members in maintaining the client at home.
- (2)** Provide appropriate care and supervision to ensure the client's safety in the absence of family members.
- (3)** Relieve family members from the constantly demanding responsibility of caring for the client.
- (4)** Attend to the client's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family members.

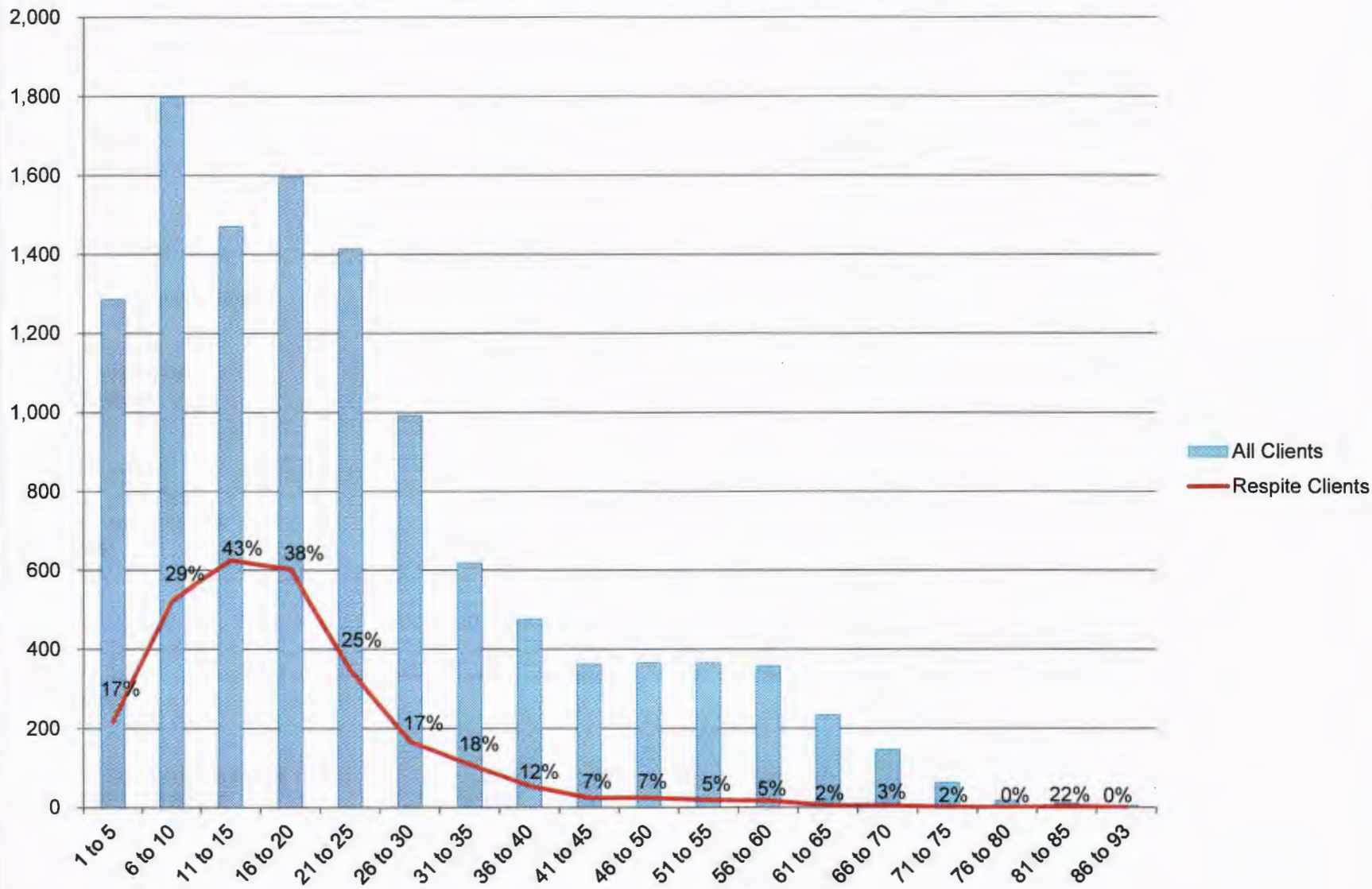
4783. (a) (1) The Family Cost Participation Program is hereby created in the State Department of Developmental Services for the purpose of assessing a cost participation to parents,....

- (A)** The child has a developmental disability or is eligible for services under the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code).
- (B)** The child is zero years of age through 17 years of age.
- (C)** The child lives in the parents' home.
- (D)** The child receives services and supports purchased through the regional center.
- (E)** The child is not eligible for Medi-Cal.

**HARBOR REGIONAL CENTER
Respite**

	RESPITE CLIENTS					%	TOTAL CLIENTS	%	Respite to Total
	Agency	Self-Directed	Medical	Out of Home	TOTAL (Jan 2018)				
TOTAL CLIENTS	1,114	646	75	7	1,842		11,583		16%
% of Total Respite	60%	35%	4%	0%					
Gender									
Male	771	431	48	2	1,252	68%	7,777	67%	
Female	<u>343</u>	<u>215</u>	<u>27</u>	<u>5</u>	590	32%	3,806	33%	
TOTAL	1,114	646	75	7	1,842		11,583		
Age									
Average Age	16.4	18.3	16.6	43.7	17.2		23.4		
Youngest	1	3	1	21	1		1		
Oldest	85	74	47	67	85		93		
Ethnicity									
Hispanic	432	360	31	1	824	45%	4,800	41%	Above
White	259	96	26	4	385	21%	2,971	26%	Below
Asian	167	44	6	1	218	12%	1,669	14%	Below
African-American	122	87	6	1	216	12%	1,451	13%	
Other	<u>134</u>	<u>59</u>	<u>6</u>	<u>0</u>	199	11%	692	6%	Above
TOTAL	1,114	646	75	7	1,842		11,583		
Language									
English	847	427	61	6	1,341	73%	8,948	77%	
Spanish	194	181	14	1	390	21%	2,190	19%	Above
Other	<u>73</u>	<u>38</u>	<u>0</u>	<u>0</u>	111	6%	445	4%	Above
TOTAL	1,114	646	75	7	1,842		11,583		

Total Clients & Clients Receiving Respite by Age



January 2018

**HARBOR REGIONAL CENTER
Respite**

	RESPITE CLIENTS					%	TOTAL CLIENTS		Respite to Total
	Agency	Self-Directed	Medical	Out of Home	TOTAL (Jan 2018)			%	
TOTAL CLIENTS	1,114	646	75	7	1,842		11,583		16%
% of Total Respite	60%	35%	4%	0%					
City									
Long Beach	321	224	27	2	574	31%	3,778	33%	
Torrance	162	43	6	0	211	11%	1,478	13%	Below
Bellflower	62	82	9	0	153	8%	841	7%	Above
Carson	61	81	4	0	146	8%	711	6%	Above
Lakewood	59	38	7	1	105	6%	710	6%	
RPV/PVE/RHE	67	21	5	0	93	5%	446	4%	Above
San Pedro	62	25	4	0	91	5%	704	6%	Below
Cerritos	54	35	2	0	91	5%	469	4%	Above
Wilmington	37	38	3	0	78	4%	624	5%	Below
Redondo Beach	55	9	2	0	66	4%	470	4%	Below
Harbor City	28	14	2	1	45	2%	334	3%	Below
Manhattan Beach	16	6	0	0	22	1%	212	2%	Below
Artesia	9	8	0	0	17	1%	164	1%	Below
Lomita	11	4	0	0	15	1%	204	2%	Below
Signal Hill	6	6	2	0	14	1%	70	1%	Above
Other	<u>104</u>	<u>12</u>	<u>2</u>	<u>3</u>	121	7%	368	3%	Above
TOTAL	1,114	646	75	7	1,842		11,583		

**HARBOR REGIONAL CENTER
Respite**

	RESPITE CLIENTS					%	TOTAL CLIENTS	%	Respite to Total
	Agency	Self-Directed	Medical	Out of Home	TOTAL (Jan 2018)				
TOTAL CLIENTS	1,114	646	75	7	1,842		11,583		16%
% of Total Respite	60%	35%	4%	0%					
Service Provider									
Cambrian Homecare	1,055	640	0	0	1,695	92%			
Anchor Service LLC	19	0	0	0	19	1%			
24HR Homecare	18	0	0	0	18	1%			
Continuity Care Home	0	0	13	0	13	0.7%			
Exceptional Home Health	0	0	12	0	12	0.7%			
Maxim Heathcare Respite	10	0	0	0	10	0.5%			
Oxford Healthcare	0	0	10	0	10	0.5%			
Other	<u>12</u>	<u>6</u>	<u>40</u>	<u>7</u>	65	3.5%			
TOTAL	1,114	646	75	7	1,842				

HARBOR REGIONAL CENTER
Respite

	Respite Clients (Jan 2018)	Total Expenditures (Jan 2018)	Rate /Unit			
Agency						
Up to 90 hours per quarter	973	\$436,314	\$24.70	per client/hour		
Up to 90 hours per quarter for 2 siblings	128	\$34,437	\$13.00	per client/hour <u>or</u>	\$26.00	total 2 siblings/hour
Up to 90 hours per quarter for 3 or more siblings	9	\$1,410	\$9.40	per client/hour <u>or</u>	\$28.20	total 3+ siblings/hour
91 to 120 hours per quarter	1	\$603				
Over 120 hours per quarter	1	\$741				
Other	<u>2</u>	<u>\$8,090</u>				
Subtotal	1,114	\$481,595				
Self-Directed						
Up to 90 hours per quarter	588	\$188,238	\$16.42	per client/hour		
Up to 90 hours per quarter for 2 siblings	44	\$9,627	\$10.34	per client/hour <u>or</u>	\$20.68	total 2 siblings/hour
Up to 90 hours per quarter for 3 or more siblings	12	\$2,501	\$8.42	per client/hour <u>or</u>	\$25.26	total 3+ siblings/hour
91 to 120 hours per quarter	<u>2</u>	<u>\$1,314</u>	\$16.42	per client/hour		
Subtotal	646	\$201,679				
Medical						
In-Home Respite provided by Home Health Agency LVN	<u>75</u>	<u>\$49,490</u>	\$29.41	per client/hour		
Subtotal	75	\$49,490				
Out of Home						
Level 3 Staff Operated Adult Residential Facility	1	\$1,522	\$190.19	per client/day		
Level 3 Owner Operated Adult Residential Facility	1	\$839	\$167.81	per client/day		
Level 4l Owner Operated Adult Residential Facility	4	\$11,861	\$370.67	per client/day		
Negotiated Rate Home	<u>1</u>	<u>\$7,814</u>	\$558.11	per client/day		
Subtotal	7	\$22,036				
TOTAL	1,842	\$754,799				
ANNUALIZED TOTAL		\$9,058,000				

**HARBOR REGIONAL CENTER
Respite**

Utilization	Average Authorized Units		Average Hours Utilized (Jan 2018)	Average Utilization	Average Cost/Client (Jan 2018)	Annualized Cost/Client	Rate /Unit
Agency*	68.6	hours per quarter	20.1	88%	\$460.93	\$5,531	\$24.70 per client/hour
Self-Directed*	63.6	hours per quarter	20.5	97%	\$337.09	\$4,045	\$16.42 per client/hour
Medical*	74.4	hours per quarter	23.6	95%	\$694.08	\$8,329	\$29.41 per client/hour
Out of Home	14.7	days	8.4	69%	\$3,147.94	N/A	various

* Starting July 1, 2017, HRC began writing authorizations with quarterly frequency to be phased in over the fiscal year. Utilization reflects only authorizations with quarterly frequency and no FCPP.

Family Cost Participation (FCPP)

Last 3 Years

Families Assessed last 3 years	454	
Assessed at 100% participation	173	
Assessed at 0% participation	162	
Assessed with share of cost	119	
Average participation %		22%

January 2018

Assessed with share of cost	31	
Average participation %		18%



HARBOR
REGIONAL
CENTER

PROTOCOLS AND GUIDELINES

HARBOR REGIONAL CENTER

FAMILY RESPITE NEEDS ASSESSMENT GUIDELINE

DEFINITION OF RESPITE: *Respite Services* means intermittent or regularly scheduled temporary care and/or supervision of a child or adult with a developmental disability whose needs exceed that of an individual of the same chronological age without developmental disabilities (W&I Code 4686.5 (1)). *In-Home Respite Services* are provided in the family home. *Out-of-Home Respite Services* are provided in licensed residential facilities. Respite is not intended to provide for all supervised care needs of the family, it is a supplement to the family's responsibility for care. Respite is not daycare (W&I Code 4686.5 (4)). Respite services are support services which typically include:

- Assisting the family members to enable an individual with developmental disabilities to stay at home;
- Providing appropriate care and supervision to protect that person's safety in the absence of a family member(s);
- Relieving family members from the constantly demanding responsibility of providing care; and
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member.
- After the completion of designated training, in-home respite may include a provision of incidental medical services (W&I Code 4686).

Please objectively evaluate the individual's current skill level, support need, and family dynamics using the following guidelines. Choose the most appropriate number ("value") under each heading. Transfer "value" to the Summary Sheet.

NOTE: A reassessment of a family's respite need should be conducted whenever significant changes occur in the individual's skills or functioning level, family dynamics, or as alternative respite resources are identified.

I. AGE OF INDIVIDUAL

- 0 0 – 5 years
- 2 6 – 12 years
- 4 13 – 17 years
- 6 18 and over

II. ADAPTIVE SKILLS

- 0 Individual's needs in this area do not exceed that of a child or adult of the same chronological age without developmental disabilities.
- 2 Individual is over age 8 and requires daily assistance with dressing, eating, grooming, toileting, etc.
- 3 Individual is over age 5 and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all or the individual lacks age appropriate safety awareness, requiring an enhanced level of supervision, on a daily basis, for the individual's personal safety, protection and well-being.
- 4 Individual is over age 4 and requires total care, is not capable of self-care in any activity of daily living.

III. MOBILITY (To have a value of "3" or greater, the individual must be over 10 years of age or require special lifting equipment.)

- 0 Individual is mobile.
- 1 Individual is mobile but may need some help or adaptive equipment (e.g. walks with a walker independently, walks with crutches/braces, uses a wheelchair independently, is able to transfer independently, able to get on and off toilet and/or in and out of bed, etc.).

- 2 Individual is mobile only with assistance (e.g. must have assistance in using walker or crutches, transfers with assistance, is unable to use a wheelchair independently, requires assistance on and off toilet and/or in and out of bed, etc.).
- 3 Individual is mobile only with assistance and special equipment (e.g. requires lifting in and out of standard wheelchair, onto special toileting equipment and/or in and out of bed, etc.).
- 5 Individual is immobile and incapable of independent movement (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment, etc.).

IV. DAY PROGRAM ATTENDANCE (Value is "0" if Individual is under 5 years of age.)

- 0 Individual attends school or day program more than 20 hours per week or an appropriate day program is available, but the individual/family chooses not to attend/participate.
- 1 Individual attends school or day program 11 to 20 hours per week.
- 2 Individual attends school or day program less than 10 hours per week.
- 3 Individual has been suspended/expelled from school or day program, or there is no day program available which can meet the Individual's needs (length of suspension or expulsion shall be considered when determining a value of 3).

V. MEDICAL NEEDS

- 0 Individual has no health problems – routine care (e.g. vitamins, allergy, shots, etc.).
- 1 Individual has minimal health problems requiring little intervention (e.g. regular medication schedule, nebulizer treatment on an occasional basis but not during respite hours, seizure disorder requiring little to no caregiver support.). Explanation required on Summary Sheet.
- 3 Individual has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general over site and monitoring on a daily basis, (e.g. apnea monitor used as a precautionary measure, frequent turning, etc). Explanation required on Summary Sheet.
- 5 Individual requires almost constant attention to medical conditions or procedures (e.g. seizure disorder requiring continual monitoring or immediate caregiver involvement, apnea episodes several times per day, multiple medication management, occasional suctioning at times other than respite hours, etc.). ** To score a value of 5 on this section the family must demonstrated active participation in the care of the individual and follow-up on medical appointments. Explanation of need and activities required on Summary Sheet.

VI. BEHAVIORAL NEEDS

- 0 Individual infrequently displays behavioral excesses or behavior is appropriate for age.
- 1 Individual displays some behavioral excesses, may be hyperactive or irritable but not aggressive or destructive of property as appropriate for age.
- 2 Individual displays moderate behavioral excesses on a daily basis (e.g. extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior,

such as head banging not requiring medical attention, minor property destructive, etc.). Explanation required on Summary Sheet.

- 3 Individual displays severe behavioral excesses weekly (e.g. aggressive towards others potentially causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention, serious property destruction, etc). Family is not yet participating in a behavior change program. Explanation required on Summary Sheet.
- 4 Individual displays severe behavioral excesses at least weekly (e.g. aggressive towards others potentially causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention serious property destruction, etc.). To receive a value of "4," the family must demonstrate active involvement in a behavior change program which may include medication therapy as a component of that program. Explanation of behavior program and progress is required on Summary Sheet.

NOTE: ► If the individual displays severe behavioral excesses more often than weekly, an Expanded Planning Team meeting must be convened to determine respite needs, including alternative respite options if the individual has not been successful with the more traditional forms of in-home respite, and to ensure that all diagnostic avenues have been explored.

VII. FAMILY SITUATION

- 1 Individual is a member of a one or two-parent family and is the only person with a developmental disability residing in the home.
- 3 Individual is a member of a two-parent family and one parent has a developmental disability, or the primary caregiver is over age 60 and is experiencing coping difficulties due to age and/or health issues, or the primary caregiver provides care in the family home to more than one child and/or adult who are eligible for regional center services.
- 5 Individual is a member of a two-parent family and both parents have a developmental disability, or primary caregiver is in treatment for acute psychiatric, emotional, or substance abuse problem which functionally impairs their ability to meet the Individual's daily care needs.
- 7 Individual is a member of a one-parent family and parent has a developmental disability, or primary caregiver is permanently disabled and unable to work or is in treatment for a chronic medical problem which directly interferes with their ability to meet the Individual's daily care needs.

OTHER GENERIC RESOURCES FOR CONSIDERATION

- Number of county funded respite hours.
- Number of hours awarded by IHSS (Attach IHSS Award Letter).
- Is family/ Individual receiving the special non-medical Board and Care SSI rate? Yes No
- Is family/ Individual eligible for EPSDT support? Yes No
- Is family eligible for ECHO Military Benefit? Yes No
- Is family eligible for Exceptional Family Member Program (EFMP) Military Benefits? Yes No
- Is Individual eligible for Nursing Facility (NF) Waiver? Yes No

HARBOR REGIONAL CENTER

**FAMILY RESPITE NEEDS ASSESSMENT
SUMMARY SHEET**

Date: _____

Individual's Name: _____ D.O.B: _____ Current Age: _____

Individual's Regional Center UCI #: _____ Counselors Name: _____

Name of Person(s) Completing Form: _____

INSTRUCTIONS: Using the Family Respite Needs Assessment Guideline, complete the following summary sheet in order to obtain an estimation of the amount of respite the family might receive through regional center funding.

Values from Guideline

I. AGE OF INDIVIDUAL _____

II. ADAPTIVE SKILLS _____

III. MOBILITY _____

IV. DAY PROGRAM ATTENDANCE _____

V. MEDICAL NEEDS (A value of 1-3 requires an explanation of need) _____

VI. BEHAVIORAL NEEDS (A value of 2-5 requires an explanation of need) _____

VII. FAMILY SITUATION _____

TOTAL VALUE: _____

Individual's Name: _____

Total Value: (Transfer from Page 1) _____ = _____ Hrs/Month or Days/Month*

* See Chart(s) below to determine respite hours/day(s)

Less other Generic Resource Considerations:

- Less _____ Number of county funded respite hours
- Less _____ Number of IHSS hours that meet respite need
- Less _____ Special non-medical Board & Care SSI rate
- Less _____ EPSDT respite support
- Less _____ ECHO Military Benefit support
- Less _____ EFMP Military Benefit support
- Less _____ NF Waiver support hours
- Less _____ Other: _____

Total Regional Center Funded Respite Hours: _____

Hourly Rate Respite:

0-5 points	Routine supervision
6-10 points	8 hours per month
11-15 points	12 hours per month
16-19 points	16 hours per month
20-24 points	24 hours per month
25 +	Exception

Daily Respite: (Up to 24-hour increments)

0-6 points	Routine supervision
7-15 points	1 day per month, not to exceed 12 days/year
16-30 points	2 days per month, not to exceed 21 days/year
30 + points	Expanded Planning Team Determination**

** The Expanded Planning Team must consider the criteria stated in W & I code 4686.5 and the regional center's respite exception guidelines when determining respite services in excess of 90 hr/quarter of in-home respite services or 21 days/year of out-of-home respite services.

Respite Services: Assessment and Guidelines

Respite Services provide intermittent or regularly scheduled temporary care and/or supervision of a child or adult with a developmental disability whose needs exceed that of an individual of the same chronological age without developmental disabilities [W&I Code 4686.5 (1)].

I. Assessment of Respite Needs

- A. The Service Coordinator will identify the client's current circle of support which provides the family with relief, support and assistance. These supports may include family, friends, support groups, and generic services. The Service Coordinator will work with the family to establish a plan to meet the need for respite for those families who do not have adequate resources or networks of support.
- B. In assessing the family's respite needs, the following should be considered:
1. Self-care: The individual's ability to complete activities of daily living independently or with assistance needs to be assessed. Self-care tasks to review in the assessment include, but are not limited to, bathing, tooth brushing, hair combing, using the restroom, dressing and undressing.
 2. Behavior: Behaviors that should be considered include, but are not limited to, tantrum behaviors, running away, property destruction and verbal/physical aggression. We need to identify and understand behavioral challenges in terms of what they look like, how they look in different settings, how often they occur, how long they last, what happens before and after a behavioral episode, and how intense they are.
 3. Medical: Medical needs associated with an individual's developmental disability which increase their care needs will be considered. Some clients may require attention by a team of specialists, have frequent medical appointments, or need assistance with medication management.
 4. Family support: The physical, psychological and emotional health of parents and caregivers must be considered in our assessment. We need to be mindful of the age of caregivers as it relates to their ability to provide care over time. We will also consider natural and generic supports available to our client and family.
 5. Exceptional circumstances: Caregivers may be dealing with extremely challenging and/or crises level situations which need to be considered. Our client may be at risk of losing their home placement. Our client's care needs may not be able to be met with caregiver and generic services. They may require active nighttime supervision or constant supervision. Caregivers may have significant health issues.
- C. Infants or toddlers with developmental disabilities generally require care and supervision similar to typical children of the same age. For this reason, we do not typically provide respite for infants, toddlers, or children under 3 years of age. However, families of children under age 3 whom have extraordinary circumstances may be considered as an exception.

II. Determining Respite Hours

- A. Prior to January 1, 2018, Regional Centers were limited to purchasing no more than 90 hours per quarter of in-home respite and 21 days of out-of-home respite for a family. Effective January 1, 2018, these restrictions were repealed and limits on the purchase of respite services no longer apply.
- B. Although there is no longer a cap on respite services, the assessment and provision of services continues to be based on a client's and family's individualized needs. The Service Coordinator will work with the client and family to assess their individual respite needs, and consider the client's and family's preferences.
- C. The HRC Respite Needs Assessment tool is designed to assist with determining a suitable amount of respite hours that will provide the family or caregiver with a break from our client's care. Respite hours ranging from 8 to 40 hours per month meet the needs of most caregivers. An amount fewer than 4 hours per month will not be authorized. However, every family dynamic is different and some caregivers may have exceptional respite needs beyond 40 hours per month (120 per quarter). In these circumstances, the Service Coordinator will take extra steps to assess the family's respite needs (see section III).
- D. The Service Coordinator will complete the attached **Respite Needs Assessment Tool** to identify an appropriate amount of hours based on the client's level of care needs in 4 major life areas: Self-care, Behavioral, Medical, and Family Support. Each life area will be rated as having a Low, Intermediate, High or Exceptional level of need using a point system. Low needs will equal 1 point, Intermediate needs will equal 2 points, High needs will equal 3 points and Exceptional needs will equal 4 points.
 - The SC will calculate the total number of points across the 4 life areas.
 - A range of hours will be designated for the total amount of points.
 - The SC will communicate with the family to agree on an amount of hours they feel will best meet their respite needs, starting with the range that correlates with the total number of points on the assessment tool.
 - The respite assessment tool is meant to be used as a guide to ensure that each individual client and family's circumstance are considered and measured equitably. The value indicated by the tool is not a final, fixed amount. Client and family preference and choice are part of the assessment process.
- E. The **Respite Needs Assessment Tool** will help determine monthly respite hours. Multiply the monthly amount by 3 to obtain a quarterly amount.
- F. Home health agencies may have a policy on a minimum amount of authorized respite hours for Medical respite provided by a Licensed Vocational Nurse (LVN). Most home health agencies will require respite services to be scheduled in shifts of no fewer than 4 hours at a time.
- G. The Service Coordinator will work with the IPP team to develop a respite plan covering the entire year. The expected needs for respite over the coming twelve months will be discussed during the annual IFSP/IPP meeting.

III. Exceptional Respite Needs

- A. An exceptional amount of respite hours (more than 40 monthly or 120 quarterly) may be deemed necessary to keep our client living in the family home and/or as a way to get them through a crisis situation. Our assessment in this case should identify and address the root issues and a long term solution and plan (see section IV).
- B. Should a client and family have extenuating circumstances which exceed the descriptors in the **Respite Needs Assessment Tool**, the Service Coordinator will take the following steps:
 1. Together with the IPP team determine the root issues linked to the challenging situation.
 2. Identify resources and supports to address the areas of challenge.
 3. Develop a goal oriented long term support plan with the IPP team.
 4. Determine if providing exceptional respite services on a temporary basis is needed while waiting for other supports or until the crises situations are resolved.
 5. Determine the number of exceptional respite hours.
 6. Discuss the case with the Client Services Manager including a plan and rationale for the requested service.

IV. Long-term Support Plans

- A. We should expect the caregiver's need for a break to change over time when a long-term support plan is in place and as our client makes progress in the 4 major life areas. Below are some supports that should be considered to address the root issues in each life area:
 1. Self-Care: Generic services that support self-care development should be explored in order to provide the client and caregivers with long term support. For example, the client may be eligible for In Home Supportive Services (IHSS). Caregivers are also encouraged to attend HRC classes designed to teach them how to foster the client's independence.
 2. Behavioral: A long-term plan should be in place to address behavioral challenges. Services that that may be appropriate include behavior management classes offered at HRC, in-home behavioral services, mental health services and/or medication management. Clients may also be eligible for IHSS protective supervision.
 3. Medical: A nursing assessment or consultation may help us better understand our client's medical needs. Many of our clients may also be eligible for EPSDT nursing services which can provide caregivers with a break from our client's medical care. Depending on the specific needs, medical respite services may be required as outlined in Procedure #2410; *Respite Services: Agency and Self-Directed*.
 4. Family Support: Natural supports such as friends and families can help with care needs. School and day activity programs serve as a natural break from the client's caregiving needs and should be factored into our assessment. The client's eligibility for IHSS protective supervision should be explored. Parents should be encouraged to attend parent support groups to allow them to build a network of support.

HARBOR REGIONAL CENTER Respite Needs Assessment Tool

CLIENT: UCI: DOB: SC: DATE:

	LOW Need 1 point	INTERMEDIATE Need 2 points	HIGH Need 3 points	EXCEPTIONAL 4 points
SELF-CARE <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> Less than 3 years old Needs are similar to typical peers Minimal self-care needs Independent with self-care tasks Only requires verbal prompts and reminders Completes self-care tasks using a visual schedule 	<ul style="list-style-type: none"> Needs are greater than typical peers Requires multiple physical, gestural, verbal prompts Some hand over hand assistance is required 	<ul style="list-style-type: none"> Needs are much greater than typical peers Requires hand over hand assistance Cannot perform helpful movements Needs help with transfers 	<ul style="list-style-type: none"> Completely dependent on adult assistance
BEHAVIORAL <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> Behaviors are similar to typical peers Mild behaviors (intensity, frequency, duration) 	<ul style="list-style-type: none"> Behavioral issues greater than typical peers Moderate behaviors (intensity, frequency, duration) 	<ul style="list-style-type: none"> Behavioral issues are much greater than typical peers Intense behaviors (intensity, frequency, duration) 	<ul style="list-style-type: none"> Requires a very high level of supervision to remain safe
MEDICAL <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> Needs are similar to typical peers Simple medication management Regular medical check-ups 	<ul style="list-style-type: none"> Needs are greater than typical peers Moderate medical needs Frequent medication management Frequent medical appointments Regular monitoring (blood sugar, respiration) 	<ul style="list-style-type: none"> Needs are much greater than typical peers Intense medical needs Regular repositioning g/j- tube, tracheostomy active, frequent seizures 	<ul style="list-style-type: none"> Medical or behavioral needs require care at night, impacting caregiver's sleep
FAMILY SUPPORT <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> Two parent or shared custody household Caregivers are physically, emotionally resilient Natural and/or generic supports are available Parent does not work and client attends school/day program 	<ul style="list-style-type: none"> One parent/caregiver household Caregivers need physical, emotional support Limited natural and/or generic supports Both parents/caregivers work full-time Client does not attend school/day program 	<ul style="list-style-type: none"> Parents/caregivers have high need for physical, emotional support No natural and/or generic supports Multiple regional center clients living in home 	<ul style="list-style-type: none"> Crisis level situation Parents/caregivers have significant health issues Caregiver and generic services together do not meet the client's care needs

TOTAL

TOTAL POINTS	4 pts	5-7 pts	8-10 pts	11-12 pts
MONTHLY HOURS	4-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs

EXCEPTIONAL LEVEL RESPITE	13-16 pts
	41+ hrs

REQUESTED



HARBOR
REGIONAL
CENTER

**HARBOR REGIONAL CENTER
BOOKLETS**

Making it happen



**LET'S TALK
ABOUT RESPITE**

**A GUIDE TO IN-HOME
RESPIRE SERVICES**



**HARBOR
REGIONAL
CENTER**

C

Contents

SECTION 1	Introduction	1
SECTION 2	What Is Respite?	2
	How is Respite Provided?	3
	Information in This Booklet Applies to Two Kinds of In-Home Respite Services	4
	Is There a Cost Associated with Respite Care?	5
	What Determines How Much Respite We Receive?	6
	What if We Disagree with the Amount of Respite Authorized?.....	7
SECTION 3	Planning Ahead For Respite Needs	8
	How Do We Work with the Respite Agency?	9
	How Does the Respite Agency Keep Track of the Hours We Have Used?.....	11
	May We Save Hours from One Month to the Next?	11
	What Happens if Our Need for Respite Changes?	12
	Is it Okay for Us to Ask the Worker to Take Care of Our Other Children?	12
	What if the Respite Worker is Unreliable?.....	13
	What Else Do We Need to Know?.....	14
	What if We Have Other Questions?	16

Introduction

Let's talk about respite. In this booklet we will explain what respite is and what you can expect from the respite services you will receive through Harbor Regional Center. We will also give you tips on working with the respite agency and the respite worker so your family can get the most out of these services.



SECTION 1

W

At Harbor Regional Center we define respite as a break, rest or relief from the additional demands placed on a family raising a son or daughter with a developmental disability. Respite services are planned and scheduled to meet specific needs at specific times, and are time-limited.

For example, you might use respite if you want to go to church, do things with your other children, or just go out with your spouse or a friend, knowing that your child with a disability is being cared for by a capable person.

As a rule, the regional center does not provide respite services for families with babies or very young children. This is because babies and very young children with disabilities are not greatly different from typical children of that age in the amount of care and supervision they require. An exception may be made if a child has medical needs.

SECTION
2

HOW IS RESPITE PROVIDED? The regional center contracts with respite agencies whose trained employees come to your home at scheduled times to help look after your disabled son or daughter. Respite workers understand disabilities. They are trained in a comprehensive program approved by the regional center. In this training program, they learn about developmental disabilities and how to care for people with disabilities. They also are taught CPR and First Aid.

If you prefer to recruit your own designated caregivers, you may prefer the option of self-directed respite. In this model, you will receive services through a respite agency, but you will recruit and select your own respite worker (or workers), who are then hired by an agency to provide respite services only to your family. The agency pays your respite worker for authorized hours which have been scheduled and arranged between you and your worker. The agency also takes care of all employer responsibilities, such as required paperwork, payroll taxes, worker's compensation, liability insurance, etc.

SECTION 2

SECTION 2

INFORMATION IN THIS BOOKLET APPLIES TO TWO KINDS OF IN-HOME RESPITE SERVICES.

1. The first kind of respite includes routine care and supervision. It may also include light meal preparation or help with other homemaking tasks.
2. The second kind of respite includes personal care in addition to the routine care and supervision. Personal care includes things such as help with bathing and dressing; feeding by mouth; help with getting around, changing position, or transferring to and from a wheelchair; and general skin care (cleansing and applying lotion).



A respite worker may supervise your son or daughter in taking a dose of medication that you have prepared ahead of time, if that medicine doesn't have to be given by a nurse or doctor. Certain other special health care needs, such as the need for assistance with catheters, gastrostomies, or colostomies, may be met by respite workers who have completed specialized training. If your son or daughter has serious

medical needs or is dependent on medical equipment such as a feeding or breathing tube, you should ask your HRC Counselor about services through a home health agency which employs nurses and nurse assistants.

IS THERE A COST ASSOCIATED WITH RESPITE

CARE? In 2005, a California law took effect called “The Family Cost Participation Program.” This law applies only to respite and child care services, and requires parents to share with regional centers the responsibility for obtaining these services for their children. It applies only to families of minors who are not receiving Medi-Cal, and whose family income is above a certain minimum.

If your family income is below the minimum amount for your family size, you will not be required to provide a share of your respite services. However, if you do meet all of the above criteria for the Family Cost Participation Program, your family’s share of responsibility for respite services will be determined on a sliding scale, according to your family income and size.

SECTION 2

SECTION 2

Your Counselor will provide you with more information in a booklet entitled “A Parent’s Guide to the Family Cost Participation Program,” answer any questions you may have, and assist you in determining whether you will be responsible for a portion of your respite services. You can also find the current sliding scale for family income, and more information about the Family Cost Participation Program on the HRC Web site at www.harborrc.org.

WHAT DETERMINES HOW MUCH RESPITE

WE RECEIVE? No two clients and no two families are alike. That’s why different families receive different amounts and different kinds of respite services.

Many families have friends, relatives, or neighbors who can help them care for their child with a disability. Other families may get financial support for respite services from other sources. For example, families receiving SSI, SSA, or AFDC may be eligible for In-Home Supportive Services (IHSS) provided through the County Department of Social Services. For families who do not have

these kinds of help or who need more help, the regional center may provide respite services.

The number of respite hours your family receives and the length of time you receive them are determined by your planning team. This team includes, at least, you and your HRC Counselor. The team looks at things such as how much support you have at home – for example, if you are a single parent family or if you have friends or relatives who can help out – and whether you can get financial support from other sources to pay for respite. They also look at your child's particular needs as compared to those of a child without a developmental disability. For example, they consider whether he or she has challenging behaviors or other special needs.

WHAT IF WE DISAGREE WITH THE AMOUNT

OF RESPITE AUTHORIZED? Our clients and families always have the right to appeal a regional center decision if they don't agree with it. If you would like to appeal a decision about respite, just let your Counselor know, and he or she will give you the proper form to complete to begin the appeal process.

SECTION 2

P

Respite is most effective when it is used according to a plan. Your family's need for respite should be discussed at the annual IFSP meeting. During this meeting, you and your Counselor can discuss what you expect the need to be for the coming year. The planning team authorizes services, usually for a period of 12 months.

While most respite occurs in the home according to a regular schedule, your respite plan may call for using the hours in other, different ways.

- For example, some parents find they get the most benefit from respite when they use a large number of hours at one time, perhaps while their son or daughter visits a licensed home for out-of-home respite, if available.
- Or, you may wish to use a combination – using a portion of your total respite hours through a regularly-scheduled respite option, combined with a block of your respite hours through an out-of-home respite option.

You should think about your respite needs and options over the entire year, decide what plan would be best for you, and discuss this with your Counselor.

SECTION 3

HOW DO WE WORK WITH THE RESPITE AGENCY?

After your family's needs have been assessed and you are approved for respite services, your Counselor will give you the name and telephone number of the respite agency that will provide your services, or work with you in providing self-directed respite services.

To schedule respite agency services, you must call the agency during their regular business hours. It is best if you can plan on a regular time each week or each month, and schedule your respite services as much in advance as possible. The longer in advance you can plan, the greater the likelihood that the agency has a worker available to send to your home. It also increases your chances of having the same worker each week or each month. Having the same worker each time usually makes the service process go more smoothly.

Respite agencies can sometimes meet a family's unplanned request for services – for example, if the family has an emergency. Many times, however, they may not be able to do so. For this reason, it is

SECTION 3

SECTION 3

always better to plan for your needs in advance if you can. If your plans change and you need to cancel or reschedule services, it is most important that you contact the respite agency coordinator as soon as you know you need to change.

You should also be aware that respite agencies usually have a policy of not providing services on holidays. We also want you to know that when you receive respite services from a respite agency, the regional center does not authorize fewer than four respite hours per month. And you may not use fewer than two hours or more than eight hours of in-home respite service on any given occasion.

If you have selected the option of self-directed respite, the caregivers you recruit will be hired by the agency – and the agency will take care of all the necessary employer-employee arrangements. Then the scheduling and ongoing supervision of authorized respite service hours will be between you and your authorized caregivers.

HOW DOES THE RESPITE AGENCY KEEP TRACK OF THE HOURS WE HAVE USED?

Respite agencies have systems to track how many hours you use and how many you have left. The agencies need to track these hours because they do not get paid unless they actually provide the services to you. In addition, they get paid only up to the number of hours that were authorized.

These requirements also apply to self-directed respite workers employed by an agency.

It is a good idea for you to have your own system for keeping track of your hours. You could use a calendar that you have at home, or you may prefer to use the respite care services log that we have included in the back of this booklet. (You will need to make copies for use on an ongoing basis.)

MAY WE SAVE HOURS FROM ONE MONTH TO THE NEXT?

When you are assessed and approved for respite care services, you will receive an authorization for a certain number of respite hours per month. Any unused hours will not be carried over into the following month. You are also not allowed to use or “borrow” from a future month.

SECTION 3

SECTION 3

WHAT HAPPENS IF OUR NEED FOR RESPITE

CHANGES? Your family member's needs and your family circumstances will change over time. This means that the need for respite will change. Once you have used the respite services for some time, you may find that you no longer need respite or you need fewer hours a month. Or, you may feel that you need additional hours each month. Because of this, we always review the need for respite services at least annually.

IS IT OKAY FOR US TO ASK THE WORKER TO TAKE CARE OF OUR OTHER

CHILDREN? Harbor Regional Center does not pay for respite (or baby-sitting) for any of your children who are not our clients. If you would like the respite worker to care for a brother or sister who is not a client, you may pay the respite agency for this service. The first thing you must do if you want this additional service is request it from the respite agency *before* the

worker comes to your house. If the agency agrees to provide this extra service, you will be responsible for paying the additional charges. You must work directly with the respite agency on the payment arrangements because the regional center does not get involved in these matters.

If you have self-directed respite, you will have to make your own separate arrangements for the care of your other children by the caregiver of your choice.

WHAT IF THE RESPITE WORKER IS UNRELIABLE?

You and the respite worker should agree on the time that he or she will arrive and leave your home. You are responsible for signing the worker's time card, so you should review the card to be certain that the hours written on the card are the hours that were actually provided. You may also want to record those hours on your calendar or respite log.

3

SECTION

SECTION 3

We all have occasions when we are late for something, and your respite worker will probably be no exception. If he or she is frequently late or extremely late, however, you should contact the respite agency and report this. It is unacceptable for workers to be consistently late, and the agency will want to take appropriate action. If the respite agency is unable to solve the problem, you should call your regional center Counselor so he or she can deal with the problem personally.

If your self-directed respite worker is unreliable, you may want to consider recruiting someone else to take his/her place.

WHAT ELSE DO WE NEED TO KNOW? Families have sometimes asked us if they need to supply meals to respite workers. The answer is no. Respite agency personnel are responsible for their own meals. While you may choose to provide meals or snacks for the respite worker, it is not necessary or even expected.

Respite workers should not use your telephone except when it is required by their agency's rules. They may need to use the phone to call their agency or make an emergency call, but they should not use your phone to make personal calls. If you find that a worker has used your phone for personal calls, you should report this to the respite agency. If the misuse is serious – for example, if it results in long distance charges to you – you should also report it to your regional center Counselor.



If you have any other type of problems with the respite worker, or if you have questions about the conduct of your worker, you should not hesitate to call the respite agency. If they seem unable to solve the problem, you should call your regional center Counselor.

SECTION 3

SECTION 3

WHAT IF WE HAVE OTHER QUESTIONS? Whenever you

have a question about a service that is provided by Harbor Regional Center or one of our service providers, you should feel free to call your Counselor to get the information you need. If your Counselor does not know the answer, he or she will find out who does and get the information for you. If your Counselor is not available when you call and you need an answer right away, you may ask to speak to our “officer of the day” or your Counselor’s supervisor. Remember, there is always someone from Harbor Regional Center available to help you.



HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION, INC.

21231 Hawthorne Boulevard, Torrance, CA 90503

(310) 540-1711 www.harborrc.org



HARBOR
REGIONAL
CENTER

REGIONAL CENTER POLICIES

Harbor Regional Center Service Policy

RESPITE CARE

DEFINITION:

“Respite” is defined as 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" means that the break from care-giving is intended to be periodic, as opposed to continuous, and that it is time limited.

PHILOSOPHY:

All families, at times, experience the need for respite. In most instances, families with a son or daughter with a developmental disability are able to provide for their own respite through the assistance of family members, friends or paid sitters.

Harbor Regional Center recognizes that some families with a developmentally disabled member are not able to meet all or part of their respite needs through traditional sources because some individuals with a developmental disability require a degree of care beyond that needed by typically developing individuals of similar age.

POLICY:

Harbor Regional Center may purchase respite care for families only under the following circumstances:

1. the person with a developmental disability has behavior challenges or special medical needs or supervision needs that exceed those of people of the same age without developmental disabilities; **and**
2. there are few or no natural or generic supports available to provide necessary supervision during times when family members are away; **or**
3. the family is experiencing a short-term crisis or emergency situation.

In the above circumstances, the purchase of respite care may be authorized only in accordance with the following:

1. respite is provided in the family home for a maximum of 30 hours per month or 90 hours per 3 month period; **or**
2. respite is provided in a licensed residential setting for not more than 21 days per year

An exemption to the limits set forth in paragraphs 1 and 2 immediately above may be granted by the Executive Director if it is demonstrated that the intensity of the person's care and supervision needs are such that additional respite is necessary to maintain the person with a developmental disability in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the person.

Approved by the HRC Board of Trustees March, 2012. Approved by the Department of Developmental Services (DDS) July 2012.

Norma de servicio del Harbor Regional Center

SERVICIO DE RELEVO / RESPIRO

DEFINICIÓN:

El "servicio de relevo/respiro" se define como un relevo o descanso intermitente de las exigencias adicionales que pudiesen requerirse de una familia que cuida de un hijo o hija con una "discapacidad". El "servicio de relevo intermitente" significa que el descanso del cuidado de la persona es periódico, no continuo, y por un tiempo limitado.

FILOSOFÍA:

Todas las familias a veces sienten la necesidad de un relevo para descansar. En la mayoría de los casos las familias con un hijo o hija con discapacidad del desarrollo pueden proveer sus propios relevos para descansar por medio de la asistencia de parientes, amigos o cuidadores pagados.

El Harbor Regional Center reconoce que algunas familias con un miembro con discapacidad del desarrollo no pueden satisfacer todas o una parte de sus necesidades de relevo para descansar por medio de recursos tradicionales porque algunas de estas personas con discapacidad del desarrollo requieren un grado de atención especial más allá de lo que se necesita para las personas de edad semejante y desarrollo típico.

NORMA:

Es posible que el Harbor Regional Center sólo pague por servicios de relevo para familias en las siguientes circunstancias:

1. la persona con una discapacidad del desarrollo tiene problemas de comportamiento o necesidades médicas especiales o de supervisión que exceden las de personas de la misma edad sin discapacidades del desarrollo; y
2. existen menos, o no hay, servicios de apoyo naturales o genéricos para proveer la supervisión necesaria cuando los familiares no están; **o bien**
3. la familia tiene una crisis o una situación de emergencia a corto plazo.

En las circunstancias anteriores, es posible que se autorice el pago de servicios de relevo sólo conforme a lo siguiente:

1. el relevo se proporciona en el hogar familiar por un máximo de 30 horas al mes o 90 horas en un período de 3 meses; **o bien**
2. el relevo se proporciona en un entorno residencial autorizado por un máximo de 21 días al año.

Es posible que el Director Ejecutivo conceda una exención de los límites indicados en los párrafos 1 y 2 inmediatos anteriores si se demuestra que la intensidad de las necesidades de cuidado y supervisión de la persona son tales que es necesario tener servicios de relevo adicionales para mantener a la persona con una discapacidad de desarrollo en el hogar familiar o si ocurre una situación extraordinaria que impacte la habilidad del familiar para satisfacer las necesidades de cuidado y supervisión de la persona.

Aprobado por la Junta Directiva del HRC en marzo del 2012. Aprobado por el Departamento de Servicios del Desarrollo (DDS) en julio del 2012.

Harbor Regional Center Service Policy

General Standards

Harbor Regional Center shall strive:

1. To ensure that services and supports are available to enable persons with a developmental disability to live a more independent and productive life in the community;
2. to ensure that services and supports provided will enable persons with a developmental disability to approximate the pattern of everyday living available to non-disabled people of the same age;
3. to prevent the person's dislocation from family and community;
4. to foster service and support options which promote the least restrictive/most inclusive;
5. to promote service and support options that are designed to assure physical health and safety, development of skills for independent living and productivity, independence, support networks, and integration into general community life, with access to the full range of assistive technology;
6. to promote service and support options that are accountable, accessible and culturally appropriate; that identify each individual's strengths and needs; that promote client and family empowerment; that respect the choices and rights of participants; and that involve individuals with developmental disabilities and their families in all aspects of development, implementation, monitoring and evaluation of their services;
7. to respect and foster the relationship between clients and their parents/family members;
8. to give highest preference to those services and supports which would allow minors with developmental disabilities to live with their families, adult persons with developmental disabilities to live as independently as possible in the community and that allow all clients to interact with persons without disabilities in positive meaningful ways;
9. to select those services and supports which most effectively meet a client's needs while making the most efficient use of funds.
10. Services and supports shall be purchased for eligible clients regardless of race, color, religion, national origin, citizenship, sex, age, physical condition or mental capacity and which most effectively meet a client's needs while making the most efficient use of funds.

Services and supports may be purchased for a client only under the following circumstances:

1. When he/she has special needs associated with a developmental disability or a condition determined by an interdisciplinary team to present a risk of developmental disability and if a

minor, which are beyond those normally associated with raising or providing for a minor in his or her own home;

2. When it has been determined by the Planning Team that such services will accomplish all or any part, of a client's Individual/Family Service Plan;
3. When such services are identified in the Individual/Family Service Plan and are tied to one or more outcomes desired by the client;
4. After public resources which are available to implement and or coordinate the services identified by the Interdisciplinary Team, as well as other sources of funding available to the client, have been used to the fullest extent possible;
5. When the service is not otherwise available through Medi-Cal, Medicare, The Civilian Health and Medical Program for Uniform Services, In Home Support Services, California Children's Services, private insurance or a health care service plan;
6. When the client/client's family has private insurance, HRC may provide assistance with the cost of insurance co-payments, co-insurance payments or deductibles provided: the family has an adjusted gross income that does not exceed 400% of the federal poverty level or can provide evidence of a) a catastrophic loss that temporarily limits the ability to make co-payments or co-insurance payments; b) an extraordinary event that impacts their ability to meet co-payment/co-insurance requirements; or c) significant unreimbursed medical costs associated with the care of the client or another child who is also a regional center client;
7. From a provider of service who is vendored or otherwise authorized by the Department of Developmental Services to provide such services and who adheres to the quality of care standards set forth by the Harbor Regional Center, the Department of Developmental Services and California regulations related to the service;
8. When the rate to be paid is in accordance with the rates established by the Department service;
9. When, unless specified otherwise, there has been prior authorization for the purchased service;
10. If the request is for a continuation or renewal of a purchased service, such continuation or renewal shall be contingent upon client/family satisfaction and upon reasonable progress in having achieved the desired outcomes as identified in the Individual/Family Service Plan.

Harbor Regional Center will not fund any form of program therapies, drugs or special services which are considered by recognized professionals to be experimental and or potentially harmful to the individual.

The Executive Director may review and authorize service requests that do not meet these general standards if warranted by individual circumstances.

These general standards shall be applied, along with the specific policies, for each category of service.

DRAFT PROPOSAL FOR RESPITE GUIDELINES FOR WRC SERVICE STANDARDS EFFECTIVE 1/01/2018

The guidelines below were approved by the WRC Board of Directors on 09/13/17. DDS has granted a temporary approval of these standards until 03/31/18. WRC must revise the Service Standards to include a description of the Respite Services exceptions process. The revisions will need to be approved by the WRC Board of Directors and then submitted to DDS for approval.

Respite Guidelines

Respite services provide intermittent or regularly scheduled non-medical care and supervision of a minor or adult with a developmental disability. It is provided only to minors or adults residing in the home of a family member who is responsible for the 24-hour care and supervision of the individual. Regional Center may only purchase respite services when the care needs of the individual exceed those of a person of the same age without a developmental disability. Respite care is not intended to substitute for day or after-school care for working parents. (See separate guidelines for Day Care).

Limits may be placed on any service that is paid by the Regional Center, due to funding restrictions imposed by the contractual obligations to the Department of Developmental Services.

Each family that can benefit from respite services has different needs. The Family Respite Needs Assessment Guideline and Summary will be used to establish the number of hours per month of in-home respite that can be funded by the Regional Center.

Additional hours per month may be funded if it is demonstrated that the intensity of the individual's care and supervision needs are such that additional respite is necessary to maintain the individual in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the individual. The availability and utilization of In-Home Support Services (IHSS) provided through the Los Angeles County Department of Social Services will be considered in assessing Westside Regional Center's funding of respite when the approved IHSS hours meet the respite needs as identified in the IFSP/IPP. (Welfare and Institutions Code Section 4659 (a) (1))

Out of home respite services for children may be provided for a maximum of 21 consecutive days, based on availability, in licensed residential facilities when the family situation requires it. After that amount of time, it would be expected that Supplemental Social Security Income (SSI) and/or other public benefits should be applied to a residential care arrangement. (Welfare and Institutions Code Section 4659 (a) (1)) Availability of appropriate residential facilities is extremely limited statewide.

Out-of-home respite services for adults may be provided in a licensed residential facility up to a maximum of 21 consecutive days, based on availability. After that amount of time, it would be expected that Supplemental Social Security Income (SSI) and/or other public benefits should be applied to a residential care arrangement. (Welfare and Institutions Code Section 4659 (a) (1)) Availability of appropriate residential facilities is extremely limited statewide.

Extended care in home respite may be considered as an alternative to out of home respite when an appropriate residential facility is not available or when the family preference is to utilize a respite

provider in the family home. Prior to funding of extended care in home respite, the Regional Center must consider any natural supports available to provide for the temporary care of the individual as well as the services and supports already being provided to the family. (Welfare and Institutions Code Section 4659 (a) (1))

FAMILY RESPITE NEEDS ASSESSMENT GUIDELINE

DEFINITION OF RESPITE: *Respite Services* means intermittent regularly scheduled temporary care and/or supervision of child or adult with a developmental disability whose needs exceed that of an individual of the same chronological age without developmental disabilities. *In-Home Respite Services* are provided in the family home. *Out-of-Home Respite Services* are provided in licensed residential facilities. Respite is not intended to provide for all supervised care needs of the family, it is a supplement to the family's responsibility for care. Respite is not daycare. Respite services are support services which typically include:

- Assisting the family members to enable an individual with developmental disabilities to stay at home;
- Providing appropriate care and supervision to protect that person's safety in the absence of a family member (s);
- Relieving family members from the constantly demanding responsibility of providing care; and
- Attending to basic self-help needs and other activities that would ordinarily be performed by the family member.
- After the completion of designated training, in-home respite may include a provision of incidental medical services (W&I Code 4686).

Please objectively evaluate the individual's current skill level, support need, and family dynamics using the following guidelines. Choose the most appropriate number ("value") under each heading. Transfer "value" to the Summary Sheet. NOTE: A reassessment of a family's respite need should be conducted whenever significant changes occur in the individual's skills or functioning level, family dynamics, or as alternative respite resources are identified.

I. AGE OF INDIVIDUAL

- | | |
|---|-----------------|
| 0 | 0 – 18 months |
| 1 | 19mos – 3 years |
| 3 | 3.1 – 5 years |
| 4 | 6 – 10 years |
| 5 | 11 – 18 years |
| 6 | 19 and over |

II. ADAPTIVE SKILLS

- | | |
|---|---|
| 0 | Individual's needs in this area do not exceed that of a child or adult of the same chronological age without developmental disabilities. |
| 1 | Individual is over age 3 and requires daily supervision with dressing, eating, grooming, and assistance with toileting. |
| 2 | Individual is over age 4 and requires minor or occasional daily supervision and assistance with dressing, eating, grooming, toileting, etc. |
| 3 | Individual is over age 4 and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all or the individual lacks appropriate safety awareness, requiring an enhanced level of supervision, on a daily basis, for the individual's personal safety, protection and well-being. |
| 4 | Individual is <u>over age 8</u> and requires total care, is not capable of self-care in any activity of daily living. |
| 5 | Individual is over age 13 and requires total care, is not capable of self-care in any activity of daily living. |

III. MOBILITY

- | | |
|---|---|
| 0 | Individual is independently mobile. |
| 1 | Individual is mobile, but may need some help or adaptive equipment (e.g. walks with a walker independently, walks with crutches/braces, uses a wheelchair independently, is able to transfer independently, able to get on and off toilet, and/or in and out of bed, etc.). |

- 2 Individual is mobile only with assistance (e.g. must have assistance in using walker or crutches, transfers with assistance, is unable to use a wheelchair independently, requires assistance on and off toilet and/or in and out of bed, etc.).
- 3 Individual is between 18 mos – 3 years and is not walking independently, e.g. requires to be carried, held, and positioned most of day by an adult.
- 4 Individual is 4 years or older and mobile only with assistance and special equipment (e.g. requires lifting in and out of standard wheelchair, onto special toileting equipment and/or in and out of bed, etc.).
- 5 Individual is immobile and incapable of independent movement (e.g. must be turned, unable to sit in standard wheelchair, onto special toileting equipment and/or in and out of bed, etc.).

IV. COMMUNICATION

- 0 Individual is younger than 18 months and/or is verbal and/or uses and understands signs.
- 1 Individual uses simple speech, is difficult to understand, uses non-verbal cues, or uses equipment to communicate.
- 2 Individual does not use words or non-verbal cues to communicate or equipment.

Defined: Non-verbal cues - gestures (pointing, shaking head, or leading by hand) facial expressions, making eye contact and smiling/crying.

V. DAY PROGRAM ATTENDANCE (Value is "0" if Individual is under 3 years of age.)

- 0 Individual attends school or day program or an appropriate school/day program is available, but the individual or family chooses not to attend/participate.
- 1 Individual attends school or day program 11 to 20 hours per week.
- 2 Individual attends school or day program on a limited basis.
- 3 Individual has been suspended/expelled from school or day program, or there is no day program available which can meet the Individual's needs (length of suspension or expulsion shall be considered when determining a value of 3).

VI. MEDICAL NEEDS

- 0 Individual has no health problems – routine care (e.g. vitamins, allergy, shots, etc.).
- 1 Individual has minimal health problems requiring little intervention (e.g. regular medication schedule, nebulizer treatment on an occasional basis but not during respite hours, seizure disorder requiring little to no caregiver support.). Explanation required on Summary sheet.
- 2 Individual has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general over site and monitoring on a daily basis, (e.g. apnea monitor used as a precautionary measure, frequent turning, etc.). Explanation required on Summary Sheet.
- 3 Individual requires almost constant attention to medical conditions or procedures (e.g., seizure disorder requiring continual monitoring or immediate caregiver involvement, apnea episodes several times per day, multiple medication management, occasional suctioning at times other than respite hours, etc.) Explanation required on Summary sheet.
- 4 Individual requires 24/7 care due to a medical condition or procedure
****To score a value of 4 on this section the family must demonstrated active participation in the care of the individual and follow-up on medical appointments. Explanation of need and activities required on 'Summary Sheet'.**

VII. BEHAVIORAL NEEDS

- 0 Individual infrequently displays behavioral excesses or they are appropriate for age.
- 1 Individual displays some behavioral excesses, may be hyperactive or irritable but not aggressive or destructive of property as appropriate for age.

- 2 Individual displays moderate behavioral excesses on a weekly basis (e.g. extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior, such as head banging not requiring medical attention, minor property destructive, etc.). Explanation required on Summary Sheet
- 3 Individual displays severe behavioral excesses weekly (e.g. aggressive towards others potentially causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention, serious property destruction, etc). Family is not yet participating in behavior change program. Explanation required on Summary Sheet.
- 4 Individual displays severe behavioral excesses at least daily (e.g. aggressive towards others potential causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention serious property destruction, etc.). To receive a value of "4," the family must demonstrate active involvement in a behavior change program which may include medication therapy as a component of that program. Explanation of behavior program and progress is required on Summary Sheet.
- 5 Individual displays severe to profound behavioral excesses throughout the day in any environment. (e.g. aggressive towards others potential causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention serious property destruction, etc.). To receive a value of "5," the family must demonstrate active involvement in a behavior program which may include medication therapy as a component of that program. Explanation of behavior program and progress is required on Summary Sheet.

VIII. FAMILY SITUATION

- 1 Individual is a member of a two-parent family and he/she is the only person with a developmental disability residing in the home.
- 2 Single parent household family and he/she is the only person with a developmental disability residing in the home.
- 3 Individual is a member of a two parent family and one parent has a developmental disability, or the primary caregiver is over age 60 and is experiencing coping difficulties due to age and/or health issues, or the primary caregiver provides care in the family home to more than one child and/or adult who are eligible for regional center services.
- 4 Individual is a member of a single parent household and parent has a Developmental Disability.
- 5 Single parent household family with 2 or more individuals with a Developmental Disability.
- 6 Individual is a member of a two-parent family and both parents have a developmental disability, or primary caregiver is a treatment for acute psychiatric, emotional, or substance abuse problem which functionally impairs their ability to meet the Individual's daily care needs.
- 7 Individual is a member of a one-parent family and parent has a developmental disability, or primary caregiver is permanently disabled and unable to work or is in treatment for a chronic medical problem which directly interferes with their ability to meet the Individual's daily care needs.

GENERIC RESOURCES FOR CONSIDERATION (Not in lieu of Respite, but as additional support)

- Has the family been referred to IHSS for additional support? Will the individual possibly qualify for protective supervision?
- Is family/Individual eligible for EPSDT support? Does the child have a G-tube or medical condition that might qualify them for hours through EPSDT, should a referral be made to one of our nursing/respite agencies for an assessment?
- Can the family possibly qualify for other generic services such as, Crystal Stairs funding?

**FAMILY RESPITE NEEDS ASSESSMENT
SUMMARY SHEET**

Date: _____

Individual's Name: _____ D.O.B. _____ Current Age: _____

Individual's Regional Center UCI#: _____ Service Coordinator's Name: _____

Name of Person(s) Completing Form: _____

INSTRUCTIONS: Using the Family Respite Needs Assessment Guideline, complete the following summary sheet in order to obtain an estimation of the amount of respite the family might receive through regional center funding.

	<u>Values from Guideline</u>
I. <u>AGE OF INDIVIDUAL</u>	_____
II. <u>ADAPTIVE SKILLS</u>	_____
III. <u>MOBILITY</u>	_____
IV. <u>COMMUNICATION</u>	_____
V. <u>DAY PROGRAM ATTENDANCE</u>	_____
VI. <u>MEDICAL NEEDS</u>	_____

VII. <u>BEHAVIORAL NEEDS</u>	_____

VIII. <u>FAMILY SITUATION</u>	_____
NOTE: Please explain if there are any extenuating family circumstances that warrant consideration for additional respite such as, medical conditions of siblings or parent/s, parent has left their employment in order to care for the child, additional medical condition of the client that impacts the family, etc...	

<u>TOTAL VALUE:</u> _____	

Individual's Name _____

Total Value: (Transfer from Page 1) _____ = _____ Hrs/Month

Hourly Rate Respite:

0-5 points	Routine supervision
6-8 points	7 hours per month (36 hrs/quarter)
9-14 points	14 hours per month (48 hrs/quarter)
15-19 points	21 hours per month (60 hrs/quarter)
20-24 points	28 hours per month (75 hrs/quarter)
25-30 points	30 hours per month (90 hrs/quarter)
30 + points	Expanded Planning Team Determination

Extended Care Respite:

As WRC can no longer fund In-home Overnight respite, the POS Committee will review every request for additional hours on an individualized basis.

For all requests, WRC needs to consider if there are natural supports available to provide for the temporary care of the individual. (Ex: Grandparents who would be providing support in the family home while parents are out of town.) In all cases the POS committee will need to consider what supports are already being utilized and available to the family, including:

- o School/Day program/Work schedule
- o Current WRC funding – Respite, Spec Supervision, PA, etc.
- o IHSS hours
- o Other generic resources being utilized such as – Crystal Stairs funding, generic after-school programs such as Y programs, community centers, etc.
- o Natural Supports

SAN GABRIEL/POMONA

REGIONAL CENTER

Purchase of Service Policy

**761 Corporate Center Drive, Pomona CA 91768
(909) 620-7722**

This policy may be viewed on the Internet at www.sgprc.org

**Board Approved – December 9, 2009
DDS Approved-July 2010**

Respite Care

Respite care services are designed to provide family members with temporary relief from the continual care of a person with a developmental disability. The Regional Center may only purchase respite services when the care and supervision needs of the person exceed that of an individual of the same age without developmental disabilities.

The number of respite care hours will vary depending upon the need of the individual and family. Typically, a family's need for respite can be satisfied with 16 hours of in-home respite service per month or less. The regional center shall not purchase more than 21 days in a fiscal year of out of home respite services, in a licensed residential facility, nor more than 90 hours in-home respite services in a quarter.

Per Welfare and Institutions Code 4686.5, the regional center may grant an exemption to the requirements set forth in paragraphs (1) and (2) above if it is demonstrated that the intensity of the person's care and supervision needs are such that additional respite is necessary to maintain him/her in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the person.

For purposes of an exemption, "family member" means an individual who:

- Has the person with developmental disabilities residing with him or her.
- Is responsible for the 24-hour care and supervision of the person.
- Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided. Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.

Services can be purchased for a short period during planned or emergency situations. Respite services are generally provided in the home; however, respite on a 24-hour basis will usually be purchased from a licensed community care or health facility.

Respite care shall be provided through the use of a vendored in-home respite or home health agency. Parents may choose the option of selecting their own respite worker as long as that individual is employed by a vendored respite agency. The person must be employed prior to regional center funding. For those with medical needs, a registered or licensed vocational nurse from a home health agency may be appropriate to provide respite.

The need and the amount of these services shall be determined through the Individual Program Plan/Individualized Family Service Plan process with consideration to the preferences of the child or adult and the family. In determining this need, the regional center shall take into account the family's responsibilities for providing similar services to a child without disabilities. As well, the regional center shall take into account other services and/or activities that are provided that may also provide family members with relief from the responsibility of continual care. These may

include, but are not limited to, school, adult day services, work, day care, extended day/year programs, and In-Home Support Services (IHSS) hours that meet a respite need, such as protective supervision hours.

Respite is not intended for use by parents as a substitute for behavior intervention. If an individual has challenging behaviors, the parents are required to attend group training in behavior intervention training. Depending on individual family needs, additional hours of respite to attend behavioral strategies training may be authorized.

The regional center shall not authorize additional respite specifically for vacations or for attending parent support meetings, conferences, or trainings other than behavior training.

Respite care may be purchased if one or more of the following criteria are met:

1. The child or adult with a developmental disability exhibits behavioral challenges requiring specialized care. Such behaviors include aggressive acting out, assaultive or self-abusive behaviors, property destruction, hyperactivity or other behaviors which might endanger the client or others.

OR

2. There are medical and/or physical needs requiring specialized care, including the need to be monitored for uncontrolled seizures or breathing difficulties; the need for special feeding, care of a gastrostomy, tracheostomy, or the use of special equipment.

OR

3. The individual has significant self-care needs beyond those normally associated with his or her age. These needs include challenges in completing activities of daily living, such as feeding, toileting, dressing, bathing, or communication.

OR

4. There are extraordinary family circumstances, which includes illness, a single-parent home, more than one family member with a developmental disability, and/or extreme financial hardship. This includes a parent who is unable to fully care for their child due to illness, age or a disability.

For infants and toddlers less than three years of age in the Early Start program, who do not have a diagnosis of a developmental disability, respite shall only be provided to enable the parents(s) to participate or receive other early intervention services designed to meet specific outcomes on the child's IFSP.

Respite is one of the three specific regional center services that by law requires an assessment for cost participation by the parents under the Family Cost Participation Program (FCPP). FCPP will apply to families who meet the following criteria:

1. The child is zero (0) through 17 years of age; and
2. The child lives in the parents' home; and
3. The child is not eligible for Medi-Cal.



**South Central Los Angeles
Regional Center**

for persons with developmental disabilities in

SCLARC:

Purchase of Service Funding Standards

SCLARC POS Funding Standards

FUNDING STANDARDS

Respite Services

RESPITE SERVICES

I. Definition

Respite services provide intermittent or regularly scheduled non-medical care and supervision of the developmentally disabled minor or adult. All families, at times, experience the need for respite. In most cases, a family of a child with developmental disabilities is able to provide for respite with the assistance of family members, friends or caregivers as they would for a typical child. In circumstances where such resources are unavailable or inadequate to meet the family's needs for respite, the regional center may purchase respite services. Regional center may only purchase respite services when the care needs of the individual exceed those of a person of the same age without a developmental disability.

Respite is also not intended for use by parents as a substitute for learning to manage their child's challenging behaviors. If a child has challenging behaviors, the parents are *strongly encouraged* to attend a class on parenting the child with special needs or behavior management, as appropriate

II. Criteria

In evaluating respite needs, the consumer's care requirements must be considered in relation to what would be expected for an individual at that age. SCLARC is required to consider the family's responsibility for providing similar services to a minor child without disabilities (WIC §4646.4). In addition, Regional Centers must provide or secure family support services that recognize and build upon family strengths, natural supports and existing community resources (W & I Section 4685). When a family's need for respite exceeds the available natural supports or community resources, SCLARC's purchase of respite services may be considered.

Services are appropriate for parents or primary caregiver when:

- a. The family is providing 7 day-a-week, 24 hour care for the individual in the family home.
- b. Regional center may only purchase respite services when the care

SCLARC POS Funding Standards

needs of the individual exceed those of a person of the same age without a developmental disability.

- c. Regional Center will only consider In-Home Supportive Services a generic resource when the approved In-Home Supportive Services meets the respite need as identified in the consumer's IPP/IFSP. (Welf. & Inst. Code § 4686.5, subd. (a)(5))
- d. Assist family members in maintaining the consumer at home.
- e. Provide appropriate care and supervision to ensure the consumer's safety in the absence of family members.
- f. Relieve family members from the constantly demanding responsibility of caring for the consumer.
- g. Attend to the consumer's basic self-help needs and other activities of daily living including interaction, socialization and continuation of usual daily routines which would ordinarily be performed by the family members.
- h. When indicated as a necessary service on the consumer's IPP/IFSP, respite services may provide support and assistance for the family. Respite services are not intended to meet a family's total need for relief from on-going care or parenting their developmentally disabled child/adult. Respite services are not meant to furnish child care for working parents. It is not meant for the care giver to attend school on a regular basis nor is it to be used for extended day care. It is not meant to provide personal attendant care. (one - on - one aide to assist in activities of daily living, e.g., toileting, dressing, feeding, and bathing, etc.), except as required to provide care to the consumer during the hours of respite.
- i. SCLARC will consider IHSS as a generic resource when the IHSS service meets the respite need identified in the IPP or IFSP. When considering IHSS as a generic resource to meet a respite need, the amount of protective supervision provided by IHSS will be reviewed (WIC §4686.5)
- j. If regional center assists with funding a social recreation program and respite services, the number of hours of respite may be adjusted. If regional center assists with funding Specialized Supervision and respite services are also funded the number of

SCLARC POS Funding Standards

respite hours may be reduced.

11. If a child requires specialized medical equipment procedures, such as gastrostomy tube feeding, respite services can also be purchased from in-home respite agencies that opt to provide respite workers training in the care of colostomy, ileostomy and gastrostomy site care. If respite services require an R.N., L.V.N. or a C.N.A., the SCLARC physician or nurse consultants must review the case and document the need for this service. Nurses providing this service will be hired by a vendored agency.

SCLARC will not purchase more than 21 days of out-of-home respite services in a fiscal year nor more than 90 hours of in-home respite in a quarter, for a consumer. The regional center may grant an exemption from the respite limits if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. (Welf. & Inst. Code § 4686.5, subd. (a)(1)(2)(3)(A))

Early Start Respite

1. Families of children under the age of 3 will not receive funding for "break-in-care" respite services. Generic resources must be pursued (e.g., IHSS).
2. For children under age 3 who have confirmed developmental disability (status 2) are eligible for respite services as defined in Welf. & Inst. Code section 4690.2 and 4686.5.
3. The number of respite hours per month may not exceed 90 hours per quarter unless an exemption has been granted.
4. Respite services may be funded only if the respite is directly related to the disability (e.g., conferences, seminars, parent trainings, etc.).

III. Procedure

1. Service Coordinator will discuss the various natural supports and other existing community resources available to the consumer and his/her family. Families frequently have natural supports available to them, e.g. extended family, siblings, friends, neighbors, co-ops. To the extent that these resources would be available to

SCLARC POS Funding Standards

assist the family of a non-disabled or high risk individual, they will be considered in the determination of respite needs. In-Home Supportive Services (IHSS), private insurance, Medi-Cal benefits, public school and other community resources must be pursued and utilized to the extent possible before considering respite services. Public school, vocational and day activity attendance may be considered a form of respite for a non-working parent.

2. The need for in home respite must be identified on the IPP/IFSP.
3. A respite agency must be used for all respite services. The agency may be able to provide a staff person if a family is unable to locate a respite provider to be hired by the respite agency, and due to the need of a higher level of care for a consumer with medical needs i.e. a CNA or a LVN as a respite provider. A nursing assessment is required prior to securing funding for an LVN or a CNA respite provider.
4. SCLARC will not purchase more than 90 hours of in home respite in a quarter. If the family is requesting more than 90 hours per quarter, further consultation with the ID team is needed. Documentation will also be needed to demonstrate the intensity of the consumer care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.
5. Respite needs are expected to change as the consumer/family needs change. Therefore, SC needs to monitor the continued need for respite. The level of respite hours should be adjusted whenever the consumer/family needs change and as additional resources become available to the family.

A. IN-HOME RESPITE AGENCY PROVIDER:

Service Code: 862 – In-Home Respite Services Agency

I. Definition and Criteria

Criteria for respite levels are used in evaluating the family's request for the amount of respite services. The criteria are applied with consideration to the consumer's age, expected behaviors and care needs related to that age. Exceptions may be made on a case-by-case basis by the unit supervisor in conjunction with the ID Team or Department Director prior to the ID Team if it is

SCLARC POS Funding Standards

deemed emergent and found to be an acceptable alternative.

In-Home Respite services are authorized based on the criteria for the following levels of service:

LEVEL A:

Up to 16 hours per month of respite will be authorized if three or more of the following is present:

A.1 MEDICAL: Consumer has special medical needs, excluding follow up and/or therapy appointments.

A.2 BEHAVIORAL: Consumer's behavior is difficult to manage, e.g., resistance, tantrums. Note however that respite is not a solution for addressing behavioral difficulties and consumers with behavioral challenges should be referred for other services and supports.

A.3 SELF-CARE: Consumer requires supervision or assistance with self-care needs related to the consumer's delay or disability.

A.4 CAREGIVER CONDITION: Caregiver identifies stress related to the consumer's disability.

A.5 FAMILY STRESS FACTORS:

Natural and/or community supports do not meet the full respite needs, or Family is unable to find routine caretaking services due to the consumer's disability or behaviors.

LEVEL B:

Up to 24 hours per month of respite will be authorized if Level A is met and three or more of the following is present:

B.1 MEDICAL: Consumer has medical condition requiring ongoing supervision, i.e., requires equipment periodically, frequent hospitalizations, severe uncontrolled seizures. Requires consultation with SCLARC's Nurse Consultant.

B.2 BEHAVIORAL: Consumer is demonstrating challenging or atypical behavior(s) e.g., aggression, self-abuse, disruptive/destructive behaviors, extreme irritability, atypical behavior related to a psychiatric disorder). (see A.2)

B.3 . SELF-CARE: Consumer requires constant prompting or assistance in two or more self-care areas beyond typical age expectations or physical challenges beyond age expectations (can be considered if consumer is over 18 years of

SCLARC POS Funding Standards

age).

B.4 CAREGIVER CONDITION:

Single parent with limited social supports, or

Adolescent parent (under 18 years of age), or

Parent has a developmental disability, or

Caregiver has physical or medical condition causing more difficulty in caring for consumer.

Geriatric parent with limited supports (over age 70)

B.5 FAMILY STRESS FACTORS:

Family is evidencing significant disruption related to the consumer's disability, or
Caregiver requires hours to attend regular support groups or counseling

LEVEL C:

Up to 30 hours per month of respite may be authorized by the ID Team if Level B is met and three or more of the following is present:

Note that respite may be increased temporarily until existing conditions are addressed and returned to previous level once medical, behavioral and/or family stress factors have been addressed and/or resolved.

C.1 MEDICAL: Consumer is medically fragile and requires care on a periodic basis during the day, e.g. Gastrostomy tube feedings, occasional suctioning, injections or pulmonary treatments. Requires consultation and review with SCLARC nurses.

C.2 BEHAVIORAL: Consumer is demonstrating ongoing challenging or atypical behavior(s) beyond age-expectations (e.g., aggression, self-abuse, disruptive/destructive behaviors, extreme irritability, atypical behavior related to a psychiatric disorder). Requires Behavioral Assessment

C.3 SELF-CARE: Consumer has chronic medical and physical needs requiring total care in at least two areas, ie., personal hygiene, eating/feeding, bathing, and dressing. (Can be considered if consumer is over 18 years of age).

C.4 CAREGIVER CONDITION:

SCLARC POS Funding Standards

Caregiver has physical or medical condition requiring frequent treatment, or

Caregiver has chronic physical or medical issues which are impacting his/her ability to care for the consumer (requires documentation from a health provider). Caregiver is caring for another family member who is elderly or has a chronic and significant medical or mental condition, or Primary caregiver with no assistance experiences sleep disruption for up to two hours every night; this disruption is beyond developmental expectations for the child's age.

C.5 FAMILY STRESS FACTORS:

Two or more consumers in the family, or Consumer is at risk of being abused, or Family is receiving counseling for stress-related issues.

LEVEL D:

Up to 40 hours per month of respite may be authorized via ID Team if Level C is met and three or more of the following is present:

D.1 MEDICAL: (No Specific Criteria Identified) - Requires Nursing Assessment

D.2 BEHAVIORAL: - Requires Behavioral Assessment

Consumer is exhibiting severe behavioral concerns and is injuring self and/or others, or

Consumer requires continuous supervision due to disruptive and destructive behaviors.

D.3 SELF-CARE: Consumer has chronic medical and physical needs requiring total care in all areas, i.e., personal hygiene, eating/feeding, bathing, and dressing. (Can be considered if consumer is over 18 years of age).

D.4 CAREGIVER CONDITION: Consumer's care significantly interferes with sleep of caregiver; e.g., requires treatment every two hours; feedings take over one hour.

D.5 FAMILY STRESS FACTORS: Severity and combination of Level C criteria may necessitate additional hours.

LEVEL E:

Over 40 hours per month of respite may be authorized via Interdisciplinary Team if Level D is met and three or more of the following is present:

SCLARC POS Funding Standards

E.1 MEDICAL: Consumer is medically fragile and requires special care on an hourly basis during the day. Requires Nursing Assessment.

E.2 BEHAVIORAL: (No specific criteria identified). Behavioral Assessment Required

E.3 SELF-CARE: Requires Nursing Assessment (i.e., toileting, assistance with ambulation, hygiene and positioning).

E.4 CAREGIVER CONDITION: (Primary caregiver has life-threatening chronic medical condition which severely interferes with ability to care for consumer, e.g., active cancer requiring treatment, AIDS. Consideration must be given to the amount of direct care needed by the consumer and how the caregiver's health problems functionally impair the ability to meet these needs. Nursing Consultation Required.). Requires Service Coordinator Assessment and Interdisciplinary Team meeting.

E.5 FAMILY STRESS FACTORS: Family is seriously considering placement and respite hours are necessary to maintain consumer in family home. The severity and combination of Level C and D criteria may necessitate additional hours. Caregiver or family member requires hospitalization or has a severe medical condition requiring special care in a particular month. This should be reviewed monthly with SCLARC Nurse Consultants

F. TEMPORARY RESPITE INCREASES:

Families may receive additional one-time respite hours in order to attend a conference or workshop related to the consumer's disability. (Limited to 16 hours/conference; limited to one (1) conference/year, using a Fiscal Year as the period of review).

In-Home extended care in lieu of out-of-home respite. Regular in-home respite hours for the month will be adjusted on a percentage basis, e.g., if one week of in-home extended care is used, the regular respite authorization will be modified. Funding for in-home extended respite care will be limited to 16 hours/day. The family must make arrangements for eight 8 hours of care/day as expected and would be required in meeting the needs of a typical child. This must be documented on the IPP and the I.D. Notes as part or all of the 15 days of out of home respite services.

II. Procedure

1. The Planning Team for respite decisions, at a minimum, consists of the consumer, parent (if appropriate) and service coordinator. Provisions of Level A and B respite services may be authorized by the service coordinator and unit supervisor. Level C, D, and E must be reviewed by the unit supervisor prior to submitting for approval and may be authorized up to a period of one year. Levels

SCLARC POS Funding Standards

may be authorized for up to a period of one year if approved by the unit supervisor.

2. A respite agency must be used for all respite. The agency may be able to provide a staff person if a family is unable to locate a respite provider to be hired by the agency provider system, or due to medical problems that require a CNA or a nurse as respite provider.

3. The following steps should be taken to determine the appropriate level of respite services:

3.1 The family's request for respite and their proposed use for respite must be discussed prior to evaluating their level of eligibility according to the respite criteria. The family's eligibility under a specific level is not offered automatically. The Service Coordinator must evaluate the family's request, their need, natural supports, hours of program(s), travel time to and from program site(s), IHSS hours available to the family, etc. in determining the hours to be offered and document these findings.

3.2 The Service Coordinator should ask the caregiver what constitutes a "break" for him or her. Flexibility in how a family may choose to use respite hours should be assumed; however, respite may not be able to meet the family's total needs for recreation, household chores, and other family needs and activities. Therefore, families may need to use respite services for their highest priority relief activities. Parents are not required to leave their home during respite hours, and respite hours cannot be used to care for other children who are not developmentally disabled in the home.

3.3 The Service Coordinator should record the family's choice for use of respite services in the case records.

3.4 The family's eligibility level of service should be assessed. If the family exceeds the level of service for which they qualify, respite services will be limited by the level of service for which they do qualify.

3.5 Using the Respite Authorization Worksheet, the case record must reflect the criteria met by the family to justify their eligibility for the level of services being considered.

4. At the time of re-evaluation and determination of continued respite needs, the family's actual use of respite hours must be documented in the case record. The Respite Authorization Worksheet must reflect the criteria met by the family to justify their eligibility for the level of service being considered. When the level of service requires an Action Plan, this plan must be reviewed prior to reauthorization. The level of respite should be adjusted whenever possible as the family's needs change and as additional resources become available to the family the amount of hours may be reduced.

SCLARC POS Funding Standards

5. When Level E respite hours are requested and an Action Plan is required, it must be developed jointly with the family to address the individual specific situation which has necessitated the hours. Generic resources and natural supports should be utilized in lieu of respite as appropriate.

6. Families requiring Level E and above must be assessed for IHSS eligibility. Respite hours must consider the number of IHSS hours received and be modified accordingly. Respite hours should not duplicate IHSS services when the request for respite is covered by IHSS services. IHSS hours, and any other sources of respite services, e.g. public school, adult day centers and social recreational programs must be considered when discussing respite needs with the family. On a case by case basis the ID Team may reassess the level of service purchased by the regional center on the basis of the availability of IHSS hours designated for the same specific purpose. The IHSS Notice of Action Provided by the Department of Social Services must be provided for Planning Team review prior to authorization of respite services.

A copy of the IHSS Notice of Action must be provided on an annual basis. A consumer's school or day program attendance may be considered a form of respite for a non-working parent and may be considered as part of the total respite to be provided.

7. When discussing respite needs with the family, the respite policy criteria should be reviewed with the family and a copy made available upon request. The Respite Authorization Worksheet should be completed in consultation with the family.

8. The Respite Authorization Worksheet should be submitted with the POS request to the unit supervisor. It will be returned to the Service Coordinator and filed in the assessment section of the case record. For levels 0 and above the Respite Authorization Worksheet must be reviewed by the unit supervisor for approval prior to authorization.

9. If there is disagreement concerning the family's assessed need according to the stated criteria, the Service Coordinator will bring the issue to the unit supervisor for discussion. The unit supervisor may refer the request to the Planning Team for final determination. Upon final determination, the family has the right to appeal this Regional Center decision.

10. Respite needs are expected to change as the consumer's and family's needs change. Therefore, monitoring of the continued need for respite is essential. Purchase of Service authorizations may be written for a period of up to twelve (12) months, unless otherwise specified. Authorizations for respite services should not extend with an open-ended termination date. Review of authorizations are due annually based on the original date of the unit supervisor's approval, birth month or June 30th for new service starts if birth month has passed.

SCLARC POS Funding Standards

11. When assessing the consumer's needs related to medical or behavioral conditions, the Service Coordinator should document the consumer's caretaking needs over a 24 hour period in the case record. It is not sufficient to justify the level of service based on a general statement of need. The Planning Team shall review this information to substantiate the intensity of the consumer's needs.
12. If the caregiver has a health problem requiring respite services, a letter from the caregiver's physician is required and should address the medical condition, the limitations for the caregiver, and the length of time for recovery. This should be submitted with the Respite Authorization Worksheet for review by the unit supervisor and nurse consultant.
13. Authorized respite service hours should be used during each month as authorized. Hours may not accumulate to be used during a subsequent month.
14. The name(s) of the identified agency respite provider(s) must be included in the IPP/IFSP. If there is any possibility that the respite funds received are not being used for the authorized service, Service Coordinators will discuss this with the family. If the family cannot demonstrate reasonable appropriate use of the respite funds, the Service Coordinators will terminate the service provider with written 30 day notice to the family and offer a respite agency as an alternative provider.
15. When two or more siblings are regional center consumers and the family is authorized for respite services, a sibling rate is used for each consumer per agency funding policy. The family may or may not receive the same amount of respite services for each child. The assigned Service Coordinators must assess respite needs through a coordinated process.
16. When nursing respite is indicated and parents are adamant about non-agency provider respite, Service Coordinators are to obtain documentation from the consumer's primary care physician giving assurance to SCLARC that the consumer's condition is stable and their care may be provided safely by someone selected by the family. The person selected should be trained by a physician or medical staff in performance of specific medical procedures. This documentation must be in the case record prior to initiating respite services when the level of intervention is contradictory to SCLARC policy. (see nursing respite services below.)

SCLARC POS Funding Standards

B. NURSING SERVICES

Service Code: 854 - Home Health Agency

I. Definition

Nursing respite services are provided to those consumers who require a nursing level of respite due to their medical conditions. SCLARC will utilize nursing personnel through a nursing or home health agency for this service. A Registered Nurse (RN), Licensed Vocational Nurse (LVN) or Certified Home Health Aide (CHHA) will be used depending on the requirements of the consumer's medical condition and state licensing regulations as determined by SCLARC Nurse Specialists.

II. Criteria

Consumer conditions which require at least LVN level of care for respite services include, but are not limited to:

- Gastrostomy
- Tracheostomy care
- Nasogastric feeding
- Uncontrolled seizures, leading to respiratory or cardiac complications
- Continuous oxygen
- Total parental nutrition (TPN)
- Apnea monitor
- Apneic episodes
- Fragile diabetes
- Broviac catheter
- Ventilator dependent
- Invasive procedures required during respite hours (e.g. injections, suctioning, IV medications, and dialysis)
- Prescribed medication required during respite hours Medically Fragile
- Complex Medical Regimens

A CHHA is used only when the consumer does not require skilled nursing care (see above examples) during respite hours. If the primary caregiver is remaining in the home and wishes to perform the skilled nursing care, a CHHA may be considered for respite services. A CHHA may be indicated if the consumer's medical condition requires careful monitoring and supervision, but does not require skilled nursing care.

Most consumers requiring nursing respite may use LVN level of care. An RN may be indicated when the consumer has a Broviac catheter, TPN, or is ventilator-dependent.

SCLARC POS Funding Standards

The level of nursing personnel for nursing respite services must be determined by a SCLARC physician or nurse. The vendor agency supervisor may provide information regarding the appropriate level of nursing care according to licensing regulations, but shall not make the final decision.

Use of a licensed nurse to provide respite service is not to be confused with the need for in-home nursing services. In-home nursing services may be an on-going service need (refer to Procedures #3, In-Home Nursing Respite, for this service). Exceptions may be made on a case-by-case basis. All exceptions must be reviewed and approved by the SCLARC physician and/or nurse.

III. Procedures

1. Generic resources, e.g., private health care insurance, EPSDT, a Medi-Cal or a Community Based Waiver Program, may be available to provide the service. The Service Coordinator must pursue these resources and obtain denials when appropriate before considering SCLARC POS respite care services except in emergency situations requiring brief service authorization periods. Notes should reflect the generic resources explored, i.e., who was contacted and date of contact/denial. On a case by case basis, provision of services may be considered if there is an Action Plan to secure these resources. This requires approval by the unit supervisor and department director.
2. Nursing and Home Health Agencies hire nurses who work on a contract basis. Availability of nurses and supervisory skills vary between agencies and may change over time. Therefore, it is important to have current vendor resource information. A Service Coordinator, if unfamiliar with nursing resources, should consult SCLARC's Clinical Nurse Manager or the Chief of the Clinical Division.
3. On a case-by-case basis, based on the medical needs of the consumer, a private nursing vendor may be used. Private vendors do not receive supervision from other licensed personnel. A private vendor may be considered only when this service cannot be provided through a vendored agency. This must be recommended by SCLARC Nursing staff.
4. Nursing respite vendors (agencies and private vendors), due to the nature of their caretaking activities and the consumer's medical status which may change over time, must provide periodic documentation for the consumer's case file. This documentation should include the consumer's current Plan of Treatment (POT), Certification and Plan of Care, record of agency supervisory visits, and periodic nursing notes. The reporting requirements for a private nurse vendor should be more extensive than agency requirements due to the lack of nursing supervision. Service Coordinators should ensure that they are kept informed about the consumer's change in status. Service Coordinators must request updated information on a quarterly basis.



Frank D. Lanterman

REGIONAL CENTER

TITLE: Respite

DOCUMENT: Service Standard

DATE REVISED: Approved by the Board of Directors on December 2, 2009

Approved by the Department of Developmental Services on January 25, 2011

Respite is a support service designed to provide family members with temporary relief from the constant care required by a person with a developmental disability. Respite may be provided in the person's own home or in a licensed residential facility, on a planned or emergency basis. Respite is not designed to be used as day care.

Families are expected to provide for their own respite with the assistance of family members or friends or through the use of paid sitters. If, however, the Interdisciplinary Team determines that the person requires a degree of care beyond that normally required by an individual of the same age without a disability, and if all generic resources such as In-Home Support Services have been exhausted, Regional Center funded respite may be authorized.

For children under the age of 3, the Regional Center does not purchase respite except as child care when it is required to enable the child's parents to participate in or receive other services in order to meet the outcomes of the child's IFSP.

A person may be considered for up to 16 hours per month of purchased respite if one or more of the following criteria are met:

- A) The person has serious, documented challenging behavior, such as aggressive acting out, assaultive or self-abusive behaviors, or hyperactivity, that may present a danger to the person or others;
- B) The person has significant medical needs, such as the need to be closely monitored for uncontrolled seizures or respiratory problems, to receive special feeding, or to receive care for a gastrostomy, tracheotomy or special equipment;
- C) The person has significant self-help skill deficits when compared to a non-disabled person of the same age, such as, for an adolescent or adult, the inability to eat, toilet or ambulate independently;

- D) The family is experiencing severe stress from a situation such as chronic or serious illness, more than one family member with a disability, or disability of the primary caregiver, that precludes care of the person with a developmental disability or creates the potential for neglect or abuse; or
- E) The family experiences an emergency, such as serious illness or death of a family member or hospitalization of a parent or caregiver.

The Regional Center may consider the purchase of additional monthly respite hours under exceptional circumstances. The Regional Center is prohibited from authorizing more than 90 hours of this service in a three month period and more than 21 days of out-of-home respite in a fiscal year.



**North Los Angeles County
Regional Center**

Service Standards

Adopted by the Board of Trustees
November 10, 2015

*Approved by the
Department of Developmental Services
March 8, 2016*

IV. FAMILY SUPPORTS AND LIVING ARRANGEMENTS

Service and Procedural Standards

PHILOSOPHY

It is the philosophy of NLACRC that consumers and/or their family members should decide where they live. This means NLACRC will work with families to maintain their minor children at home when it is the families' preference and, for adult consumers, help them to access living options of their choice. To this end, NLACRC will work to empower consumers and their family members as well as advocate on their behalf. The regional center is dedicated to providing family support and will plan with each family to identify services that meet each unique need. As such, the planning team should consider each family's responsibility to provide typical supports.

FAMILY SUPPORT SERVICES & RESPITE

DEFINITIONS:

Family support services mean services and supports provided to a minor with a developmental disability or his or her family and that contributes to the ability of the family to reside together. These services may include respite, daycare cost assistance, personal assistance, adaptive equipment, advocacy, necessary appliances, counseling and mental health services.

Effective October 1, 2011, for consumers eligible for the Home and Community Based Services (HCBS)/Medicaid Waiver, daycare and respite services purchased using vouchers are required by law to be used in conjunction with a Financial Management Service (FMS) provider. An FMS provider assists a family member with verifying worker eligibility status, collecting and processing timesheets of worker(s), processing payroll, withholdings, filing and payment of applicable taxes and insurance, performing billing payments and reimbursements, and maintaining all source documentation related to the authorized service(s). This service arrangement is known as participant-directed services.

Respite Services

- In-home respite services mean intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home when the consumer resides with a family member.
- Cost-effective out-of-home respite service options may include temporary residential services, vendored weekend program (Saturday program), and other services designed to provide planned relief from the ongoing care and supervision of the consumer.

POLICIES

Children

It is the policy of NLACRC to empower and advocate for consumers and families to access existing personal and community resources, such as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), whenever possible to meet their family support needs. Thus, to the extent that the law requires, NLACRC will encourage families to use these resources before expending the center's funds. This also means that consideration must be given to the ordinary care, support, and supervision that a family must provide to a child of the same age without a disability and to cost-effectiveness.

The regional center may only purchase respite services when the care and supervision needs of a consumer exceed that of an individual of the same age without a developmental disability. As such, regional center-funded services will focus on services required by and resulting from the consumer's developmental disability. NLACRC will seek to provide effective family support services. This may include using creative and innovative approaches to meet objectives contained in the consumer's Individual Program Plan (IPP)/Individual Family Service Plan (IFSP) and represent a cost-effective use of public funds.

NLACRC will use the most commonly encountered situations to help in determining the typical level of support services for a minor consumer. The situations relate to the increasing care and supervision the minor may need based on his or her age and degree of disability. Finally, NLACRC cannot anticipate all situations, and therefore, individualized planning is essential.

NLACRC shall not purchase more than 90 hours per quarter of in-home respite services nor more than 21 days of out-of-home respite services in a fiscal year, unless an exemption is granted. Exemptions will be based on the intensity of the consumer's care and supervision needs such that additional respite hours are necessary to maintain the consumer in the family home or are necessary due to an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the family. Exemptions for exceptional consumer intensity should be considered when a consumer experiences a behavioral or medical emergency or presents with chronic, continuous or long term medical/behavioral needs of such an intense nature that line of sight and constant supervision is needed to ensure health and safety. Extraordinary events may include a catastrophic occurrence, death, serious illness, or incapacitation/long term absence of a caregiver that directly impacts a family's ability to provide care and supervision. Service coordinators will assess for an exemption during each regularly scheduled individual program planning meeting and/or when a parent, legal guardian, or conservator requests family support services. Service coordinators will ensure that parents, legal guardians, or conservators are informed of the exemption criteria and the outcome of the assessment for

an exemption. NLACRC shall not purchase day care services to replace or supplant respite services.

All respite purchase of service (POS) authorizations, will be reviewed for Family Cost Participation Program eligibility and all eligible consumers will be subject to requirements of the program.⁹

Adults

It is the policy of NLACRC to support adult consumers who choose to live in the home of a family member. To this end, NLACRC will provide support services that allow the caregivers periodic relief from the ongoing responsibilities of care and supervision. The regional center may only purchase respite services when the care and supervision needs of a consumer exceed that of an individual of the same age without a developmental disability. Once the need for vendored respite services is established, NLACRC will use the following situations to help in determining the typical level of respite services for a consumer. The situations relate to the consumer's increasing need for care and supervision on the degree of his or her disability. Finally, NLACRC cannot anticipate all situations, and therefore, individualized planning is essential.

NLACRC shall not purchase more than 90 hours per quarter of in-home respite services nor more than 21 days of out-of-home respite services in a fiscal year, unless an exemption is granted. Exemptions will be based on the intensity of the consumer's care and supervision needs such that additional respite hours are necessary to maintain the consumer in the family home or are necessary due to an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the family. Exemptions for exceptional consumer intensity should be considered when a consumer experiences a behavioral or medical emergency or presents with chronic, continuous, or long term medical/behavioral needs of such an intense nature that line of sight and constant supervision is needed to ensure health and safety. Extraordinary events may include a catastrophic occurrence, death, serious illness, or incapacitation/long term absence of a care-giver that directly impacts a family's ability to provide care and supervision. Service coordinators will assess for an exemption during each regularly scheduled individual program planning meeting and/or when a parent, legal guardian, or conservator requests family support services. Service coordinators will ensure that parents, legal guardians, or conservators are informed of the exemption criteria and the outcome of the assessment for an exemption. NLACRC shall not purchase day care services to replace or supplant respite services.

⁹ The Family Cost Participation Program was created by the Department of Developmental Services for the purpose of assessing a cost participation to parents who have a child that has a developmental disability, birth through 17 years of age, lives in the parent's home, receives services purchased by the regional center, and is not eligible for Medi-Cal.



Respite

What Is Respite?

Parents of children with developmental disabilities are expected to provide the same level of care for them as they would for a child without disabilities. However, when a child has special needs parents often face challenges beyond those they might encounter with a typical child.

In order to provide caregivers with the occasional relief they need to keep the child in the family home, ELARC may provide respite care when medical, physical or behavioral needs cannot be met by other family members or a regular babysitter.

Respite care is sometimes provided by an individual who is selected by the parents, but who has also met specific criteria. Sometimes care is provided through professional respite agencies – these agencies are staffed by nurses and others with medical training, as well as workers with special training that equips them to deal with children or adults with challenging behaviors.

For more information about respite services, please speak with your Service Coordinator. ELARC's policies for respite services may be found on the Consumers & Families page of our website under Purchase of Service Guidelines. ELARC follows these Guidelines when authorizing service requests for consumers and families.

ITU 03/2016

www.elarc.org



PURCHASE OF SERVICE GUIDELINE

FINAL	IN HOME RESPITE SERVICES	12/29/2017
-------	--------------------------	------------

I. DEFINITION:

(1) IN-HOME RESPITE

In-home respite service means intermittent or regularly scheduled temporary non-medical care and supervision provided in the individual's home. The individual must reside with a family member to be eligible for respite services. [WIC 4690.2(a)]

"Family member" means an individual who:

- Has the person with developmental disabilities residing with him or her.
- Is responsible for the 24-hour care and supervision of the person.
- Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided. Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.

The in-home respite services are intended to:

- Assist family members in maintaining the consumer at home
- Provide appropriate care and supervision to ensure the individual's safety in the absence of family members. (Absence is defined **not** by physical presence but by relief of direct care and supervision of the individual.)
- Relieve family members from the constantly demanding responsibility of caring for the individual.
- Attend to the individual's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.

Respite Services that require a higher level of care due to medical condition

Nursing respite services are provided to those care givers in need of a temporary break from caretaking and require this level of care due to the consumer's medical condition. Eastern Los Angeles Regional Center (ELARC) will utilize nursing personnel through nursing or a home health agency for this service. Various levels of care, such as those provided by a Registered Nurse (RN), Licensed Vocational Nurse (LVN) or Certified Nurse Assistant (CNA), will be used depending on the requirements of the consumer's medical condition and state licensing regulations. Use of licensed nurses to provide respite services is not to be confused with the need for in-home nursing services (refer to POS Guideline for Health Services).

(3) GASTROSTOMY RESPITE

Gastrostomy respite services are provided when gastrostomy tube care is the only medical/nursing need of the consumer, ELARC is not required to use licensed nursing respite services. Any in-home respite provider of the family's choice may perform gastrostomy tube care and feedings after successful completion of appropriate training as defined under Welfare and Institutions Code section 4686(a). Training provided by family members alone does not meet the requirement for this service.

(4) DCFS FOSTER CARE/RESIDENTIAL FACILITIES

Respite is not available to residential care facilities, foster group home providers or any other entity that receive public funds as payment for the care and supervision of a consumer. An exception is the availability of in home respite for foster parents with who the child resides. This exception does not apply to out of home respite.

II. CRITERIA:

In-home respite services are considered when:

An individual's needs are beyond the support of family, friends, natural supports and community resources and when the in-home respite service is identified as needed on the person's Individual Program Plan/ Individual Family Service Plan (IFSP/IPP) (W&I Code Section 4685).

All Respite Services shall be provided by use of a Fiscal Management System (FMS), conversion respite or respite agency.

For Nursing Respite the following additional criteria applies:

- (1) Nursing respite services are identified on the IFSP/IPP.
- (2) Service coordinator (SC) obtains an assessment from the vendored nursing or home health agency supervisor which provides information regarding the appropriate level of nursing care required by the consumer.

For Gastrostomy Respite the following additional criteria applies:

(1) Any consumer residing with a family member whose only medical/nursing need is for gastrostomy tube care is eligible for consideration of G-tube respite services.

(2) Choice of service has been identified through the IPP process.

(3) Service Coordinator has secured nursing assessments, primary physician's statement and documentation of certification and training by the respite provider per W&I Code section 4686.

(4) SC has obtained review by the ELARC physician.

III. AMOUNT OF SERVICE

The service coordinator shall use the Family Respite Needs Assessment Guideline to determine the appropriate amount of respite hours.

A request for extraordinary amount of Respite hours may require a Behavioral Assessment, Clinical Review and or Medical Assessment. However, in all cases, the expanded planning team shall convene and approve the request. These hours must be reviewed and re-authorized on a quarterly to semi-annual basis.

IV. ALTERNATIVE FUNDING RESOURCES

Generic services and natural supports (extended family, friends and co-ops) must be explored and secured prior to ELARC's purchase of in-home respite services. Generic or community resources include but are not limited to:

- Private insurance
- Medi-Cal benefits
- Schools (may be considered a form of respite for a non-working parent)
- In Home Support Services (IHSS) can be considered a generic resource when the approved IHSS hours meet the respite needs as identified in the IFSP/IPP.
- Natural Supports

V. PROCESS FOR PURCHASE OF SERVICE APPROVAL

- When the family and/or individual requests in-home respite services, the service

coordinator will discuss natural supports and inform them of generic and community resources. Services which are already being provided or are planned can count as a form of respite for the family member(s). A generic resource such as camp & extended school year or a vendored resources such as community integration services (CIT), Independent Living Services (ILS) or any other form of service that relieves the parent(s) of direct care responsibility can meet the need. Exploration of these resources must be pursued by the service coordinator and/or the family.

- In-home respite service must be identified on the IFSP/IPP
- **If applicable, the service coordinator will assess the consumer for the Family Cost Participation Program as defined in WIC 4783.**

A request for extraordinary amount of Respite hours may require a Behavioral Assessment, Clinical Review and or Medical Assessment. However, in all cases, the expanded planning team shall convene and approve the request. These hours must be reviewed and re-authorized on a quarterly to semi-annual basis.

VI. EVALUATION OF SERVICE EFFECTIVENESS

The effectiveness of services will be determined by obtaining assessments and/or feedback from the family and/or consumer and tracking progress toward meeting IFSP/IPP objectives at intervals stated in the IFSP/IPP target dates, Service Provision Agreement and/or Schedule of Services.

In addition, the service coordinator will conduct annual Respite Record Reviews during the IPP process for all family –member respite vendored services (See Attached Record Review Form).

A

Eastern Los Angeles Regional Center Family Respite Needs Assessment Guideline

Definition of Respite:

Respite Services means intermittent or regularly scheduled temporary care and/or supervision of a child or adult with a developmental disability. In Home Respite Services are provided in the family home. Out of Home Respite Services are provided in licensed residential facilities.

Respite is not intended to provide for all supervised care needs of the family. It is a supplement to the family's responsibility for care. Respite is not child or adult daycare. Respite services are support services which typically include:

- Assisting the family members to enable an individual with developmental disabilities to stay at home;
- Providing appropriate care & supervision to protect that person's safety in the absence of a family member(s);
- Relieving family members from the constantly demanding responsibility of providing care; and
- Attending to basic self help needs and other activities that would ordinarily be performed by a family member.
- After the completion of designated training, in home respite may include a provision of incidental medical services (W&I Code 4686).

Please objectively evaluate the individual's current skill level, support need, and family dynamics using the following guidelines. Choose the most appropriate number (value) under each heading. Transfer "value" to the Summary Sheet.

NOTE: A reassessment of a family's respite need should be conducted whenever significant changes occur in the individual's skills or functioning level, family dynamics or an alternative resources are identified and secured.

ADAPTIVE SKILLS (e.g. dressing, eating, grooming, toileting etc.)

- 0 Individual's overall needs in this area do not exceed that of a child or adult of the same chronological age without developmental disabilities.
- 1 Individual requires daily supervision with dressing, eating, grooming, and assistance with toileting.
- 4 Individual is over age 8 and requires daily assistance with dressing, grooming and assistance with toileting.
- 5 Individual is over age 4 and requires total care, in some aspect of dressing eating grooming, toileting, etc but not all.
- 8 Individual is over age 4 and requires total care, is not capable of self-care in any activity of daily living or the individual lacks appropriate safety awareness, requiring an enhanced level of supervision, on a daily basis, for the individual's personal safety, protection and well-being.

MOBILITY (To have a value of "3" or greater, the individual requires special lifting equipment).

- 0 Individual is mobile
- 1 Individual is mobile but may need some help or adaptive equipment (e.g. walks with a walker independently, walks with crutches/braces, uses a wheelchair independently, is able to transfer independently, able to get on and off toilet and /or in and out of bed etc.
- 3 Individual is mobile only with assistance (e.g. must have assistance in using walker or crutches, transfer with assistance, is unable to use a wheelchair independently, requires assistance or and off toilet and/or in and out of bed, etc.)
- 4 Individual is mobile only with assistance and special equipment (e.g. requires lifting in and out of standard wheelchair, onto special toileting equipment and/or in and out of bed, etc.)
- 5 Individual is immobile and incapable of independent movement (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment etc.)

DAY PROGRAM ATTENDANCE (preschool, K-12, Post secondary program, work program etc.)

- 0 Individual attends school or day program more than 20 hours per week or an appropriate day program is available but the individual / family chooses not to attend /participate.
- 1 Individual attends school or day program 11 to 20 hours per week.
- 3 Individual attends school or day program less than 10 hours per week.
- 5 Individual has been suspended/expelled from school or day program or there is no day program available which can meet the individual's needs (length of suspension or expulsion shall be considered when determining value of 5)

MEDICAL NEEDS

- 0 Individual has no health problems – routine care only (e.g. vitamins, allergy, shots etc.)
- 1 Individual has minimal health problems requiring little intervention (e.g. regular medication schedule, nebulizer treatment on an occasional basis, seizure disorder requiring little to no care support. Explanation required on Summary Sheet.
- 5 Individual has frequent illnesses or a condition requiring out of area medical

appointments 2 or more times per month or general oversight and monitoring on a daily basis (e.g. apnea monitor used as a precautionary, inability of individual to communicate health needs, frequent turning etc.). Explanation required on Summary Sheet.

- 10 Individual requires almost constant attention to medical conditions or procedures (e.g. seizure disorder requiring continual monitoring or immediate caregiver involvement, apnea episodes several times per day , multiple medications management, occasional suctioning at times other than respite hours, etc.) **To receive a value of "10" on this section the family must demonstrate active participation in the care of the individual and follow-up on medical appt. – Explanation of need and activities required on Summary Sheet.**

BEHAVIORAL NEEDS

- 0 Individual frequently displays behavioral excesses or the behavioral are not atypical for age.
- 4 Individual displays some behavioral excesses, may be hyperactive or irritable, but not aggressive or destructive of property, as appropriate for age.
- 8 Individual displays moderate behavioral excesses on a daily bases (e.g. extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior, such as head banging not requiring medical attention, minor property destructive elopement, or awake and requiring intervention during typical sleeping hours, etc.) Explanation required on Summary Sheet.
- 12 Individual displays severe behavioral excesses weekly (e.g. aggressive towards others potentially causing injury or requiring occasional medical attention, serious property destruction etc.) Family is not yet participating in a behavior change program. Explanation required on Summary Sheet.
- 16 Individual displays severe behavioral excesses at least weekly (e.g. aggressive toward others potentially causing injury, or requiring occasional medical attention serious property destruction, etc. **To receive a value of "16", the family must demonstrate active involvement in a behavior change program, which may include medication therapy as a component of that program. Explanation of behavior program and progress is required on Summary Sheet.**

Note: If the individual displays severe behavioral excesses more than often than weekly, the SC shall obtain consultation from the clinical team and a planning team meeting must be convened to determine respite needs, including alternative service options if the individual has not been successful with the

traditional forms of in-home respite and to ensure all diagnostic avenues have been explored

FAMILY SITUATION

- 2 Individual is a member of a two-parent family and they are the only person with a developmental disability residing in the home.
- 4 Individual is a member of a one-parent family and they are the only person with a developmental disability residing in a home.
- 6 Individual is a member of a two-parent family and parent has a developmental disability, or primary caregiver is over age 60 and is experiencing coping difficulties due to age and/or health issues.
- 8 Individual is a member of a one-parent family and parent has a developmental disability, or primary caregiver is permanently disabled and unable to work or primary caregiver is has a documented chronic major medical condition which directly interferes with their ability to meet the individual's daily care needs.
- 10 Individual is a member of a two-parent family and both parents have a developmental disability, or primary caregiver receives treatment for an acute psychiatric, emotional or substance abuse problem which functionally impairs their ability to meet the individuals daily care needs or the primary caregiver provides care in the family home to more than one child and/or adult family member who are eligible for regional center services or have a documented disability.

OTHER GENERIC RESOURCES FOR CONSIDERATION

- Is individual / family receiving the special non medical Board & Care SSI funds? Yes ___ No ___
- Is individual / family eligible for EPSDT Support? Yes ___ No ___
- Is individual / family eligible for ECHO Military Benefit? Yes ___ No ___
- Is individual / family eligible for Exceptional Family Member Program (EFMP)? Yes ___ No ___
- Is individual / family eligible for Nursing Facility Waiver? Yes ___ No ___
- Is individual / family receiving Personal Attendant Services? Yes ___ No ___

Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need

and diagnosis; treatment services are provided. EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services.

The Extended Care Health Option (ECHO) supplements the basic TRICARE program by providing financial assistance for an integrated set of services and supplies. To use ECHO, qualified beneficiaries must: be enrolled in the Exceptional Family Member Program (EFMP) through the sponsor's branch of service and register through ECHO case managers in each TRICARE region.

**FAMILY RESPITE NEEDS ASSESSMENT
SUMMARY SHEET**

Name: _____ DOB _____ UCI # _____

Service Coordinator _____ DATE: _____

Instructions: Using the Family Respite Needs Assessment Guideline, complete the following in order to determine amount of respite hours needed for family.

Values from Guideline

Adaptive Skills _____

Mobility _____

Day Program Attendance _____

Medical Needs (A value of 1-10 requires an explanation of need) _____

Behavioral Needs (A value of 8-16 requires an explanation of need) _____

Family Situation _____

SUM VALUE: _____

**Deduct (1) point for every resource received below by this individual.
Less other Generic Resources Considerations:**

Less _____ Number of County / City funded Respite Hours
 Less _____ Number of IHSS Hours that meet Respite Need
 Less _____ Special Non-Medical Board & Care SSI Funds
 Less _____ EPSDT Respite Support
 Less _____ ECHO Military Benefit Support
 Less _____ EFMP Military Benefit Support
 Less _____ NF Waiver Support Hours
 Less _____ Personal Attendant Hours

TOTAL VALUE: _____

Regional Center Funded Respite Services Shall Not Exceed: _____ Hr/QTR or Days /Yr ___ Supervisor _____

Hourly Rate Respite:

0-5 points	Up to 5 hours per month
6-10 points	Up to 10 hours per month
11-15 points	Up to 15 hours per month
16-19 points	Up to 20 hours per month
20-24 points	Up to 25 hours per month
25-30 points	Up to 30 hours per month
30 + points	Expanded Planning Team Determination



EASTERN LOS ANGELES REGIONAL CENTER

1000 S Fremont Ave., P.O. Box 7916, Alhambra CA 91802-7916, 626.299.4700

RESPITE SERVICES - FAMILY MEMBER VENDOR RECORD REVIEW

Name of Vendor: _____ Vendor No.: _____

Service Coordinator _____ SC _____ Date of
Conducting Review: _____ Number: _____ Record Review: ____/____/____

Consumer Name _____ UCI #: _____

DOCUMENT / INFORMATION	MET	NOT MET	COMMENTS (Number of Months not in compliance)
1. Proof of Payment, (e.g., cancelled checks; cash receipts signed by provider; payroll) for service dates as specified on DS1811			
2. Proof of Social Security or eligibility for employment for each Respite Worker.			
3. 1099 or W-2 Form for each Respite Worker who earned \$600 or more during 2005.			

INSTRUCTIONS (see reverse)

1. Conduct during birth month
2. Copies to Supervisor and Community Services Supervisor

Service Coordinator has:

1. Discussed results of record review with family member: Yes [] No []
2. If family member did not pass record review, SC has encouraged family-member to convert to agency respite: Yes [] No []
3. If family member did not pass record review and declines to convert to agency respite or cancel services, Sc has informed family-member that they will be referred for a fiscal audit which may result in termination of vendorization: Yes [] No []

RESPITE SERVICES – FAMILY MEMBER VENDOR RECORD REVIEW

INSTRUCTIONS

1. Use November 2006 version of form ELARC/CMSD #320
 2. Complete the information requested on the top half of form ELARC/CMSD #320:
 - ✓ Name of vendor
 - ✓ Vendor number
 - ✓ Name and 3-digit number of SC completing review
 - ✓ Date of review
 - ✓ Consumer's name and UCI#
- I. The record review should be completed during the consumer's birth month
 - II. Check "met" or "not met" for each of the following standards:
 - A. Proof of Payment. This item is "met" if the vendor has copies of cancelled checks made out to the respite workers; receipts for payment signed by the respite workers; or other payment proof for the previous six (6) months. The proof of payments should correspond to the respite workers' names and dates of service as indicated on the DS 1811 forms. Make any comments necessary to explain why the item is "met" or "not met."
 - B. Proof of Social Security or Eligibility for Employment. This item is "met" if the vendor has a social security card or proof of eligibility for employment for each respite worker. Make any comments necessary to explain why the item is "met" or "not met."
 - C. 1099 or W-2. This item is "met" if the vendor has maintained a copy of either a 1099 or W-2 issued to any respite worker who

earned \$600 or more during calendar year 2005. You will total the earnings for each respite worker as specified on the DS1811 for the period January to December 2005. Make any comments necessary to explain why the item is "met" or "not met."

III. Complete the box at the bottom of the page:

- A. Check "yes" that you have discussed the results of the record review with the family member.**
- B. Check "yes" that you encouraged the family-member vendor to use agency personal assistance services if the family-member vendor did not pass the record review.**
- C. Check "yes" that you informed the family-member vendor that he/she would be referred for a fiscal audit if he/she did not pass the record review and declined to use an agency personal assistance service.**

Submit a copy of the Record Review (form ELARC/CMSD #320) to your supervisor and a copy to the community services supervisor.



PURCHASE OF SERVICE GUIDELINE

05/02/2011

OUT-OF-HOME RESPITE SERVICES

FINAL

I. DEFINITION

Out-of-home respite service means intermittent or regularly scheduled temporary care provided outside the consumer's home by a vendored service provider. Providers in this category include adult day care centers, child care centers, residential facilities serving either adults or children, Intermediate Care Facilities/Developmentally Disabled-Habilitative and Intermediate Care facilities/Developmentally Disabled -Nursing. Out-of-home respite services are intended to assist the family in securing temporary outside support in providing appropriate care and supervision of the consumer.

These services are not intended to be a preliminary out-of-home placement and should not be used as a prelude to permanent residential placement (refer to P&P Referral for Residential Placement).

If "respite" is in excess of the maximum out-of-home respite services then an "Emergency Placement" may be initiated (refer to Consumer Services Operation Policy & Procedures for Emergency Residential Placement).

The payment for 21 days of out of home respite is equivalent to a full 30 day placement, therefore payment during the period between 22 days and 31 days would be considered an overpayment. In addition, anytime spent in a residential facility within a 24 hour period is considered a full day of service.

II. CRITERIA

ELARC consumers who reside with a family member are eligible for consideration of out-of-home respite services when:

- *Occasional* family and/or consumer needs are more than the support of friends, natural and community supports can

provide. Additionally, out of home respite may be used as a support option should family members have planned activities which preclude the participation of the consumer such as vacations, hospitalizations and family emergencies.

- Out-of-home respite is requested by the family, consumer and/or authorized representative, under the above criteria, and identified as a preferred objective on the IPP.
- When the care and supervision needs of the consumer exceed that of an individual of the same age without developmental disabilities WIC 4686.5(a)(1)

III. AMOUNT OF SERVICE

A regional center shall not purchase more than 21 days of out of home respite services in a fiscal year. ELARC may grant an exemption to this requirement if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the individual in the family home or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the individual (WIC 4686.5(a) (2)).

In home respite In lieu of out of home respite may be used only when there is no out of home respite arrangement available.

The following information must be submitted to the service coordinator prior to implementation of the in home respite In lieu of out of home respite service:

- ✓ Proof of vacation plans - (i.e. flight arrangements, receipts/hospitalization, emergency (i.e. detailed documentation from hospital or physician)
- ✓ Information on respite caretaker, if different from provider on original vendor application (Name, address, phone number and social security number)
- ✓ Written authorization for regional center to make unannounced visits to the home / school / day program to ensure the person's health and safety.

- ✓ The daily amount of hours (within the 21 or less days) will be calculated on individual need, not exceeding 16 hours per day. Hours are calculated by taking into account the amount of time that the consumer attends school/day program during the day, after school care, social/recreational program, hours of sleep, etc. Respite hours cannot be provided during these times.

IV. ALTERNATIVE FUNDING RESOURCES

Generic services and natural supports (extended family, friends, etc.) must be explored and secured prior to ELARC's purchase of out-of-home respite services. Resources include but are not limited to:

- IHSS (A regional center shall only consider in-home supportive services a generic resource when the approved in-home supportive services meets the respite need as identified in the consumer's IPP or IFSP [WIC section 4686.5, subd. (a)(5)].
- Private insurance
- Private trusts
- Medi-Cal benefits
- Parents responsibility to provide care and supervision to a minor under 13 years of age.

V. PROCESS FOR SERVICE COORDINATION

- The IPP planning team is in agreement that out of home respite is a service to be provided to the consumer and it is included in the consumer's IPP.
- The Service Coordinator will consult with the Placement Coordinator to identify appropriate residential facilities with vacancies and refer Service Coordinator to the Facility Liaison.
- The Service Coordinator will present initial information and review with the Facility Liaison.
- The Service Coordinator will obtain approval to place the consumer from both the Facility Liaison and Placement Coordinator. The ID notes should document this approval.
- The Service Coordinator will contact the facility administrator to make arrangements for the out-of-home respite placement. If requested, the family/consumer may visit the facility.

- Upon family and/or consumer approval of placement, the Service Coordinator will prepare and send a packet of information to the administrator of the residential facility (includes but not limited to psychological, medical, psychosocial, CDER, IPP, face sheet and other essential documents).
- Service Coordinator to complete and submit out-of-home respite 1-11 for processing

VI. EVALUATION OF SERVICE EFFECTIVENESS

The effectiveness of services will be determined by feedback from family and/or consumer and assessment of progress toward meeting IFSP/IPP objectives.

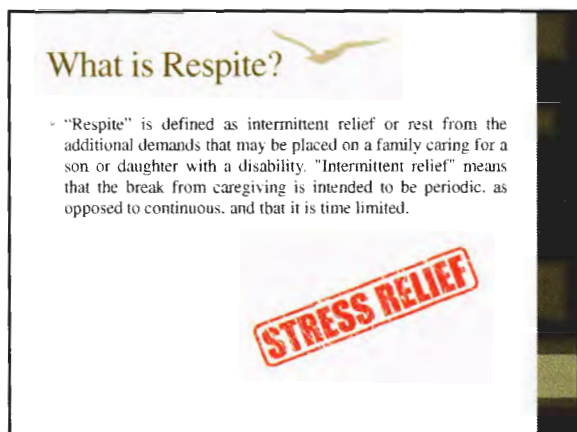


HARBOR
REGIONAL
CENTER

RESPITE SERVICE PRESENTATION



A slide titled "Respite Services" with a white background and a black border. It features a single bird in flight at the top center and three birds in flight at the bottom left. The text "Respite Services" is centered in a serif font.

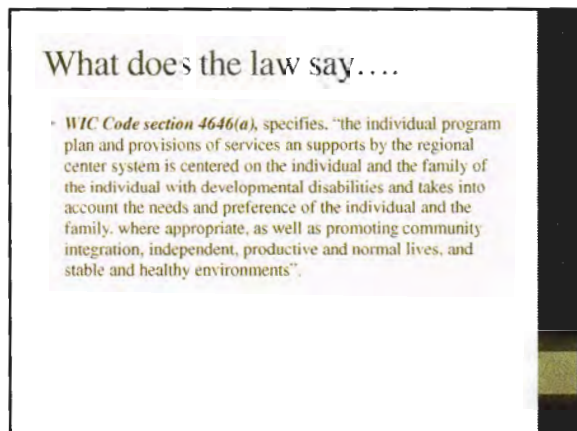


A slide titled "What is Respite?" with a white background and a black border. It features a single bird in flight at the top right. Below the title is a paragraph of text. At the bottom center is a red stamp that says "STRESS RELIEF".

What is Respite?

• "Respite" is defined as 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" means that the break from caregiving is intended to be periodic, as opposed to continuous, and that it is time limited.






A slide titled "What does the law say...." with a white background and a black border. It features a paragraph of text.

What does the law say....

• *WIC Code section 4646(a)*, 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 and takes into account the needs and preference of the individual and the family, where appropriate, as well as promoting community integration, independent, productive and normal lives, and stable and healthy environments".




Respite Is Not

- Respite is NOT child care: While the client receives care and supervision as respite is provided, the purpose of this service is to provide relief to family members or other non-paid caregivers
- Respite is NOT personal care: personal care involves such things as preparing meals, doing laundry and various household chores in addition to providing supervision and such other minimal "hands on" services such as feeding, bathing or dressing
- Respite is NOT nursing service: even if, due to the medical needs of the client the respite is provided by a nurse
- Respite is NOT a substitute for behavior intervention: even if, due to the behavior challenges presented by the client, the respite is provided by a behaviorally trained respite worker



Types of Respite

- Self-Directed Respite
- Agency Respite
- In-Home Respite
- Out-of-Home Respite
- Non-medical Respite
- Medical Respite



Respite Data

- Demographics
- Service Providers
- Rates and Expenditures

RC Respite Policies – Common Themes

- Need for respite should be related to the disability:
 - Client should have care needs greater than those required for a child without a disability of the same age
 - Client should have complex medical needs or behavior challenges
- Generic resources should be fully accessed first
- There is typically a formal assessment to determine type and amount of respite needed
- There is an exception process

Former HRC Respite Policy

- Harbor Regional Center may purchase respite care for families only under the following circumstances:
 - the person with a developmental disability has behavior challenges or special medical needs or supervision needs that exceed those of people of the same age without developmental disabilities; and
 - there are few or no natural or generic supports available to provide necessary supervision during times when family members are away; or
 - the family is experiencing a short-term crisis or emergency situation
- In the above circumstances, the purchase of respite care may be authorized only in accordance with the following:
 - respite is provided in the family home for a maximum of 30 hours per month or 90 hours per 3 month period; or
 - respite is provided in a licensed residential setting for not more than 21 days per year

HRC Respite Assessment Tool


- Governing Laws
- Why do we use an assessment tool
- What information do we consider
 - Self-care
 - Behavior
 - Medical
 - Family Support



Respite Information

This is HRC's guide to respite services for families

- Explains the service
- Describes the different types of respite
- Describes how HRC assesses need and determines amount of respite
- Provides details about how to access respite hours
- Provides answers to FAQ's



The Future

Saturday Center Based Respite

- Out of home option for individuals with medical needs

Revise Respite Policy

Revise Respite Assessment Tool

We Welcome Feedback

Respite

The End
