

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 24 hour care for the individual in the family home.
- b. When the care needs of the individual exceed those of a person of

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the same age without a developmental disability.

- c. The service assists family members in maintaining the consumer at home.
- d. Provides appropriate care and supervision to ensure the consumer's safety in the absence of family members.
- e. Relieve family members from the constantly demanding responsibility of caring for the consumer.
- f. 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.
- g. 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.

Early Start Respite

1. 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.
2. Respite services may be funded only if the respite is directly related to the disability (e.g., conferences, seminars, parent trainings, etc.).

III. In Home Respite Guidelines

1. Service Coordinator will discuss the various natural supports and other existing community resources available to the consumer

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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 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. For respite hours beyond 36 hours, documentation will be required 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. The regional center will not fund additional respite hours for the purpose of funding 24-hour supervision of a consumer when the family leaves the home for vacation or an extended period of time. Out of home respite will be considered for these circumstances.
6. Respite needs are expected to change as the consumer/family needs change. Therefore, continued need for respite will be reviewed annually. The level of respite hours should be adjusted whenever the consumer/family needs change and as additional resources become available to the family.
7. The regional center will only consider services such as In-Home Supportive Services as a generic resource when the approved services meet the respite need as identified in the consumer's individual program plan or individualized family service plan.

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A. IN-HOME RESPITE AGENCY PROVIDER:

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.

The regional center may grant an exception to the respite policy requirements if it is demonstrated that the intensity of the consumer'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. All exception requests must be initiated through the assigned Service Coordinator by the family. Exception requests will be reviewed by the POS Committee on a case-by-case basis and may require supporting documentation that include but are not limited to medical records, a letter from a physician, a behavioral assessment, and/or a nursing assessment. The supporting documents will be reviewed and if determined necessary the family may be required to attend an Interdisciplinary Team Meeting. If additional approval beyond the POS Committee is required then the SCLARC Executive Director or his designee may review and authorize an exception(s) if warranted by individual circumstances.

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

LEVEL A:

Up to **24** 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.

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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 **30** 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. 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 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

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LEVEL C:

Up to **36** 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 and may require a nursing assessment.

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 if consumer is not receiving behavioral services.

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:

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 **46** 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: (If no Specific Criteria Identified) - Requires Nursing Assessment

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D.2 BEHAVIORAL: - Requires Behavioral Assessment if consumer is not receiving behavioral services.

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 **46** 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:

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

E.2 BEHAVIORAL: (If 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.

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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

OUT-OF-HOME RESPITE SERVICES

I. Definition and Criteria

Out-of-home respite services means intermittent or regularly scheduled temporary care to individuals in a licensed facility. These services:

1. Are designed to relieve families of the constant responsibility of caring for a member of that family who is a consumer.
2. Meet planned or emergency needs.
3. Are used to allow parents or the individual the opportunity for vacations and other necessities or activities of family life.
4. Are provided to individuals away from their residence.

Out-of-home respite is not meant to be a preliminary to out-of-home placement and should not be used as a prelude to permanent placement.

Out-of-home respite services shall be available for families when the IPP specifies that it is a needed service. Families may receive **up to 21 days** of out-of-home respite in a fiscal year. This may not be combined consecutively with any days for the following fiscal year. Out-of-home respite services may be spread out over the fiscal year, or the days may be used consecutively over the fiscal year not to exceed 21 days.

When families use one week or more of consecutive out-of-home respite, regular in-home respite hours for the month shall be adjusted for that month. However, if the out-of-home respite services are spread out throughout the fiscal year, these hours will not affect the in-home respite hours.

If a family requires and needs to utilize more than 21 days of out of home respite within a fiscal year, an exception request will be required. All exception requests must be initiated through the assigned Service Coordinator by the family. All exception requests will be reviewed by the

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POS Committee on a case-by-case basis and may require supporting documentation that include but are not limited to medical records, a letter from a physician, a behavioral assessment, and/or a nursing assessment. The supporting documents will be reviewed and if determined necessary the family may be required to attend an Interdisciplinary Team Meeting. If additional approval beyond the POS Committee is required then the SCLARC Executive Director or his designee may review and authorize an exception(s) if warranted by individual circumstances.

Consumers residing in parental homes and receiving SSI benefits are expected to contribute the daily SSI rate to the cost of out-of-home respite beyond 21 days.

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RESPITE AUTHORIZATION WORKSHEET

CONSUMER: _____ UCI#: _____

SERVICE COORDINATOR: _____ DATE: _____

CORRESPONDING POS REQUEST AND REQUIRED SUPPORTING DOCUMENTS ATTACHED: _____

Supervisor Initials and Date

PLEASE INDICATE RELEVANT FACTORS IN ONE OR MORE AREAS
(Submit for POS Review)

Medical:
Behavioral:
Self-Care:
Caregiver Conditions:
Family Stress Factors:
Action Plan for Increased Respite Levels over 46 Hours and for Exceptions:

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RESPIRE AUTHORIZATION WORKSHEET

CONSUMER:

UCI#:

SC:

Number of Respite Hours/Month Approved: _____ **Date:** _____ **Supervisor's Initials:** _____

Enter three (3) or more checks in only one category (Level A, B, C, etc.). Services over 46 hours a month may require an I.D. Team Staffing along with supporting documents.

	LEVEL A: Up to 24 hrs./mo.	LEVEL B: Up to 30 hrs./mo	LEVEL C: Up to 36 hrs./mo.	LEVEL D: Up to 46 hrs./mo.	LEVEL E: Over 46 hrs./mo.
Medical	<input type="checkbox"/> Special medical needs	<input type="checkbox"/> Intermittent physical or medical needs (e.g., special care on weekly basis)	<input type="checkbox"/> Medically fragile; requires care on periodic basis during day (G-tube feedings, etc.) Stable condition. Nursing assessment may be required	<input type="checkbox"/> Medically fragile; requires care on periodic basis during day (G-tube feedings, etc.) Unstable condition. Nursing assessment may be required.	<input type="checkbox"/> Medically fragile; requires care on an hourly basis; at risk for choking and aspiration at any time. Nursing assessment may be required.
Behavior	<input type="checkbox"/> Behavior difficult to manage	<input type="checkbox"/> Demonstrating intermittent challenging behaviors beyond age-expectation (aggression, self-abuse, etc.)	<input type="checkbox"/> Demonstrating ongoing challenging behaviors beyond age-expectation (aggression, self-abuse, etc.). Behavioral Assessment may be required	<input type="checkbox"/> Exhibiting severe behavioral concerns, injuring self/others <input type="checkbox"/> Requires continuous supervision due to disruptive/destructive behavior (e.g., biting, smearing feces, periodic AWOL)	Behavioral assessment or ongoing behavioral services required.
Self-Care	<input type="checkbox"/> Requires supervision related to disability	<input type="checkbox"/> Requires prompting or assistance in two or more areas	<input type="checkbox"/> Consumer has physical or medical condition requiring frequent treatment	Consumers over 18 years old and requires total care in areas of personal hygiene, bathing, feeding, etc.	<input type="checkbox"/> Non-ambulatory; requires hands-on assistance to complete self-care/ independent living tasks; weighs over 80 lbs.
Caregiver Condition	<input type="checkbox"/> Stress related to consumer's disability	<input type="checkbox"/> Single parent <input type="checkbox"/> Adolescent parent <input type="checkbox"/> D.D. parent <input type="checkbox"/> Caregiver has physical or medical condition causing difficulty in caring for consumer	<input type="checkbox"/> Caregiver has physical or medical condition requiring frequent treatment.	<input type="checkbox"/> Caregiver chronic physical or medical issues impacting consumer's care <input type="checkbox"/> Caregiver also cares for another family member with chronic illness <input type="checkbox"/> Caregiver with no assistance experiences sleep disruption nightly (up to 2 hrs./night)	<input type="checkbox"/> Caregiver with life-threatening medical condition which interferes with consumer's care (e.g., cancer, etc.) <input type="checkbox"/> Caregiver with no assistance experiences sleep disruption nightly (e.g., treatments every 2 hrs.; feedings over 1 hr.)
Family Stress	<input type="checkbox"/> Natural supports do not meet respite needs <input type="checkbox"/> Unable to find services due to disability	<input type="checkbox"/> Family disruption due to consumer's disability <input type="checkbox"/> Caregiver attends regular support groups	<input type="checkbox"/> 2 or more South Central Los Angeles Regional Center consumers in family <input type="checkbox"/> At risk of being abused <input type="checkbox"/> Family receiving counseling for stress issues	<input type="checkbox"/> 2 or more consumers in family; 1 with challenging behavior or medical needs <input type="checkbox"/> Single parent; consumer with Level C behavior or medical needs and no other supports	<input type="checkbox"/> Severity and/or combination of Level D criteria necessitates additional hours