

SCLARC POS Funding Standards

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