



EASTERN LOS ANGELES REGIONAL CENTER

4/25/2018

IN HOME RESPITE SERVICES

FINAL

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.

ELARC may grant an exception 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 (WIC 4686.5(a)(3)(A)). The request may require additional documentation, such as an updated Respite Needs Assessment, a behavioral assessment, a clinical review and/ or medical assessment depending on situation in order to substantiate the need. In all cases, the planning team shall approve the request. These hours must be reviewed and re-authorized on a quarterly to semi-annual basis.

The service coordinator will remind the family/consumer that the 90 hours of respite per quarter has been lifted and that they may request an exception for more hours of respite if they disagree with the hours offered by the regional center as a result of completing the respite assessment guideline. The family/consumer can request the exception directly from the service coordinator or provide a written request for exception. Should the regional center not grant the exception, family/consumer may file for fair hearing.

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)
- ELARC will only consider IHSS a generic resource when the IHSS meets the respite needs and when agreed to in the IPP/ IFSP by the planning team. (WIC 4686.5 (a)(5)).

- 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.**

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).

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&ICode 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 or 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



RESPIRE 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 []

RESPIRE 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.