



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.