

RESPITE CARE SERVICES

Definitions

Respite care is defined as the provision of intermittent temporary care to an individual(s) with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability.

Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do to their children without disabilities.

Guidelines

A. Criteria

The individual needs of the person served and their family will be reviewed by the Multidisciplinary/Planning Team to determine whether respite services are needed. Parents shall provide the same level of support for their children with developmental disabilities as they would to their children without development disabilities. Under the American Disabilities Act a family should not be charged a higher child care rate which exceeds the prevailing rate for the area, due solely to the child having a disability. Reasonable accommodation needs to be made by the person or agency providing the respite care. One or more of the following will be considered by RCOC staff when authorizing the service request to ensure that the person served and their family meet the criteria for respite and the level of care required. If RCOC staff are not able to authorize the requested service given regulations, best practice or difference of opinion, then RCOC staff will discuss with the person served and/or family any concerns or identify other options. Exceptions may be made on a case-by-case basis.

1. The individual's needs cannot be met by a baby-sitter.
2. The individual requires care and supervision due to documented challenging behaviors.
3. The individual requires special care and supervision due to recently documented medical problems.
4. The individual requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to feed themselves.
5. The individual is at risk of being abused.
6. Parents also receive Regional Center services.
7. Care is required due to a temporary family crisis.
8. Care is required due to family stress, e.g., family is participating in counseling.
9. The person served, or the family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family

resources for children under the age of three. Verification of denials has been submitted to RCOC.

10. IHSS hours received and used by the person served and their family will be reviewed by RCOC staff.
11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite.
12. Respite hours may be used to attend conferences, seminars, or support groups specific to the developmental disability of the person served. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time.
13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a person served, and/or lack of availability of voucher service providers, other resources may be needed.

The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis.

1. RCOC may fund a private agency in the following situations:
 - a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care.
 - b. The person served has some behaviors, which require the services of a person who has experience working with individuals with developmental disabilities.
 - c. The person served is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program.
2. RCOC may provide LVN/RN care for respite if the person served has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether RCOC funds an LVN or RN depends on state licensing regulations. RCOC may provide a licensed nurse in the following situations; exceptions may be made on a case-by-case basis.
 - a. Uncontrolled seizure disorder, in which
 - Seizures result in respiratory compromise requiring oxygen or suctioning.
 - Seizures of long duration (greater than ten minutes and occurring frequently).

- When there is a recent history of needing to call paramedics to provide resuscitation because of the seizure activity.
 - When there is a history of frequent injury (lacerations, bruises) requiring medical care due to falls associated with seizures.
 - When medication adjustment has caused increased seizure activity.
- b. When written reports document ongoing seizures/medication problems during the respite periods.
 - c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.

B. Levels of Service

The number of hours requested will be determined by the person served, family, service coordinator, and other members of the Multidisciplinary/Planning Team based on the needs of the individual and family. RCOC staff may review the recommendations of the Multidisciplinary/Planning Team to ensure that requirements are met regarding respite policy, respite criteria, use of generic resources and third party billing. If the RCOC staff are unable to authorize the level of service requested by the consumer and/or family, based on RCOC's criteria, or best practice, then RCOC staff will discuss with the family other options or obtain additional information which supports the level of service requested by the family. Exceptions may be made on a case-by-case basis.

1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if:
 - a. General criteria and guidelines for RCOC purchase of respite services are met.
2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if:
 - a. General criteria for RCOC purchase of respite services are met.
 - b. RCOC has reviewed and determined that level 1 respite hours are not meeting the needs of the person served and family, and one of the following are met:
 - There is documented evidence of significant disruption to the family, caused by the care required by the person served.
 - There is only one primary caregiver with limited family or social support.
 - The person served is medically fragile with frequent illnesses requiring treatment.
 - The person served is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan.
 - The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability.

3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if:
 - a. General criteria for RCOC purchase of respite services is met.
 - b. RCOC has reviewed and determined Level 2 respite hours are not meeting the needs of the person served and family, and one of the following are met:
 - Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care.
 - Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability.
 - The person served is exhibiting severe challenging behaviors and is a danger to self and others.
 - There are two or more individuals served by RCOC that reside in the family home, for which the caregiver is providing care and supervision.
 - Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the person served must be fed and feeding requires more than one hour per feeding period.
 - Medical care needs interfere with the sleep of primary caregiver.
4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, RCOC may authorize more than 32 hours per month. The hours authorized are time-limited, and a plan of action is to be developed with the family.

RCOC staff will also work with the family to identify community resources, which may provide respite services in the local community.

Exceptions may be made on a case-by-case basis. Should you believe that an exception may be warranted for your family, please request a Planning Team Meeting to discuss your unique circumstances (Welfare and Institutions Code 4646.5).

C. Period of Service/Renewal

1. Purchase of Service authorizations are normally authorized and written for the fiscal year (twelve-month period) when applicable. All Purchase of Service authorizations for individuals with insurance will be written "Bill Insurance First." Early Start Regulations regarding the use of insurance and/or private resources will be followed for children under the age of three. In exceptional situations where Regional Center funds need to be expended prior to the receipt of

insurance reimbursement due to health or safety reasons, then the provider of service/family shall reimburse Regional Center upon receipt of insurance reimbursement. Respite hours are to be used for the time period authorized, and any unused respite hours cannot be carried over to the next fiscal year.

2. Purchase of Service authorizations for CNA, LVN or RN care may be written for a period less than twelve months to allow for closer monitoring of the continued need for the more intensive level of care.
3. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided.
4. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a RCOC nurse consultant.