

**Regional Center of the East Bay
Purchase of Service Policy #3420
Effective 1/1/2018**

RESPITE

Philosophy

Families providing constant care and supervision to family members with specialized care needs benefit from intermittent relief. Whenever possible, families are encouraged to consider community programs which meet the need for respite and also provide additional experiences to consumers. Because of a consumer's specialized care needs, families may have fewer resources available to them in the community and fewer resources through the assistance of other family members, friends and/or paid sitters for relief purposes.

Service Definition

Respite is intermittent relief for families from the constant care and supervision of their family member with a developmental disability who resides in the family home. Respite is provided by RCEB when the care needs of the consumer are greater than those of a non-disabled person of the same age. Respite services may be provided in-home or outside of the home and are designed to:

- A. Assist family members in maintaining the consumer at home;
- B. Provide appropriate care and supervision to protect the consumer's health, safety and welfare in the absence of family members;
- C. Relieve family members from the constant, demanding responsibilities of caring for a consumer;
- D. Attend to the consumer's basic self-care needs and other activities of daily living, including interaction, socialization, and continuation of daily routines which would otherwise be provided by family members.

Service Description

Respite may be provided through in-home or out-of-home agencies vendorized through Regional Center. In-Home Respite describes the service provided within the family home during the day time and does not include overnight supervision. Out-of-home respite describes the service provided outside of the family home for up to twenty-four hours in a setting that is vendorized as such by RCEB. For consumers with medical needs, use of a nurse may be required.

Procedures

RCEB may purchase respite for families when all of the following are completed by the case manager:

- A. A Consumer / Family Needs Assessment: The case manager reviews the situation to determine that the consumer's needs for care and supervision are greater than

those of a non-disabled peer, and confirms that the consumer resides in the family home.

- B. A Natural Supports and Generic Resources Evaluation: All sources of relief through natural supports and generic resources (e.g. family, community programs, etc.) will have been fully explored by the case manager, utilized to the fullest extent, and shown to be insufficient to meet the family's need for intermittent breaks in the form of respite. RCEB will only consider services such as In-Home Supportive Services (IHSS) a generic resource when the approved services meet the respite need as identified in the Individual Program Plan (IPP) or Individual Family Service Plan (IFSP).
- C. The IFSP/IPP Planning Process: The Interdisciplinary Team, including the case manager and the family, determine the individual need for respite. Determination of the amount, type of respite, including using a camping experience as respite, and the frequency and duration shall be individualized, reflecting the uniqueness of each family, their strengths, resources and needs. For consumers requiring specialized medical care, the RCEB nurse should be part of the IPP Planning Team. As individuals progress toward independence, their changing needs will be assessed.
- D. "The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed and the least costly available provider of comparable service, including the cost of transportation, who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The consumer shall not be required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports." Welf. & Inst. Code section 4648, subd. (a)(6)(D)

Board Policy

RCEB may provide respite to families when the consumer's IPP identifies care and supervision needs that are beyond what would be required by parents of a non-disabled person of the same age. Such needs may include, but are not limited to:

- Behavior challenges
- Medical needs
- Self-care needs
- Unexpected event and / or emergency

All consumers with specialized medical care needs shall be evaluated for level of care needed by the RCEB nurse. In-home respite for consumers with specialized medical care needs shall be provided by an individual possessing the appropriate level of skill for the consumer's medical needs, according to California law.

When the assessed need for in-home respite exceeds either 40 hours a month or 120 hours per calendar quarter, it will be considered an exceptional level of service requiring review at a Director level.

When the assessed need for out-of-home respite exceeds 21 days within a 12 month period (a year), it will be considered an exceptional level of service requiring review at a Director level.

Exceptions

The Planning Team may send a request for an exception to the Director /Director's designee and exception may be granted if it is demonstrated that the intensity of the individual's care and supervision needs are such that additional respite is necessary to maintain the individual in the family home, or that there are extraordinary circumstances that impacts the family's ability to meet the care and supervision needs of the individual. Such an exception to policy may be approved for a maximum of six months in duration.

Exceptions Review Process:

1. In collaboration with the consumer/family, case manager completes a consumer/family needs assessment of the need for exceptional level of respite. An assessment tool reflecting hours of need on a weekly/monthly basis may be used.
2. The case manager in consultation with their supervisors submits the assessment, Purchase of Service Worksheet reflecting the additional respite requested and other collateral information for review to the identified directors designated by the Executive Director.
3. If the exception is granted, the case manager completes an addendum to the Individual Program Plan, notifies the consumer/family and obtains their consent/signature on the addendum.
4. If the exception is not granted, the case manager promptly informs the consumer/family that it has not been granted, informs the consumer of their appeal rights, and sends a notice of action and fair hearing form.

Authority:

Welfare and Institutions Code 4512(b), 4646, 4648(a)(8), 4650(a).