

ALTA CALIFORNIA REGIONAL CENTER

A Guide to Respite Services

What is respite?

Respite is a service that the regional center may fund to provide a temporary break to primary caregivers from the care/supervision of a regional center client. The Lanterman Act defines respite as non-medical, intermittent or regularly scheduled temporary care and supervision. These services are typically based in a client's family/caregiver home or in a licensed facility.

How can respite services benefit my family?

Respite is designed to do the following:

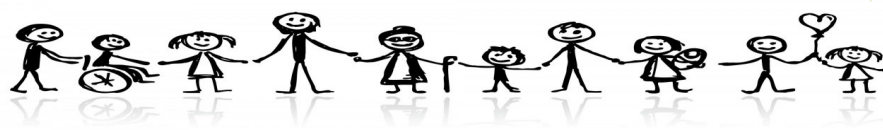
- Relieve primary caregivers from the constant demands and responsibility of caring for the client.
- Support the family members in keeping their loved ones at home.
- Provide care and supervision to ensure the client's safety in the absence of family members.
- Attend to the client's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.



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How is respite different from Daycare services?

Respite is intermittent or regularly scheduled *temporary* care and supervision while daycare or afterschool care is a specialized care and supervision for children whose parent or parents/caregivers are engaged in employment outside the home. Respite is provided to the family/caregiver to allow them a break from their child's care needs for hours at a time, depending on the family's/caregiver's available respite hours. Daycare hours allowed for each eligible client are dependent on the client's school schedule, and the caregiver's work schedule.



What types of respite services are available?



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A) **In-Home Respite** is provided in the home. There are three options for in-home respite:

1. Agency Respite: In-Home Respite agencies will send out respite workers to your home to care for your child when respite is scheduled. You can interview respite workers and select people that you feel comfortable caring for your child. Your family can schedule respite as needed and available. ACRC pays the respite agency, and the respite agency will pay the respite worker. The agency is vendored/contracted to provide respite services.

2. Employer of Record (EOR) Respite: If you have a person that you trust to care for your child, then that person can act as your respite worker by becoming an employee of an Employer of Record (EOR) in-home respite agency. The respite worker of your choice completes an application packet, and background check, and is hired and undergoes a required training by the EOR agency, to work only for your family.

3. Fiscal Management Service (FMS) Respite: The parent/primary caregiver identifies the respite worker for FMS respite. FMS allows the family to choose their own respite provider and pay them directly, without the payroll and tax responsibilities of an employer. There are two types of FMS respite: one in which the FMS pays the worker directly, and the other is when parents are reimbursed for paying the workers directly. In both instances, the parents are vendored by the regional center, and the parents hire, train, schedule hours, and require a CPR/First Aid and background checks of the provider.



B) Out of Home respite is respite care that occurs in a licensed care facility. These care facilities are home setting's to provide care for 24 or more consecutive hours. Families will work through the planning team process to assess the need for out for home respite. The same planning team will determine the number of days needed to meet the assessed need over the course of their individual program plan (IPP) year.



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How do I access an out of home respite for my son/daughter?

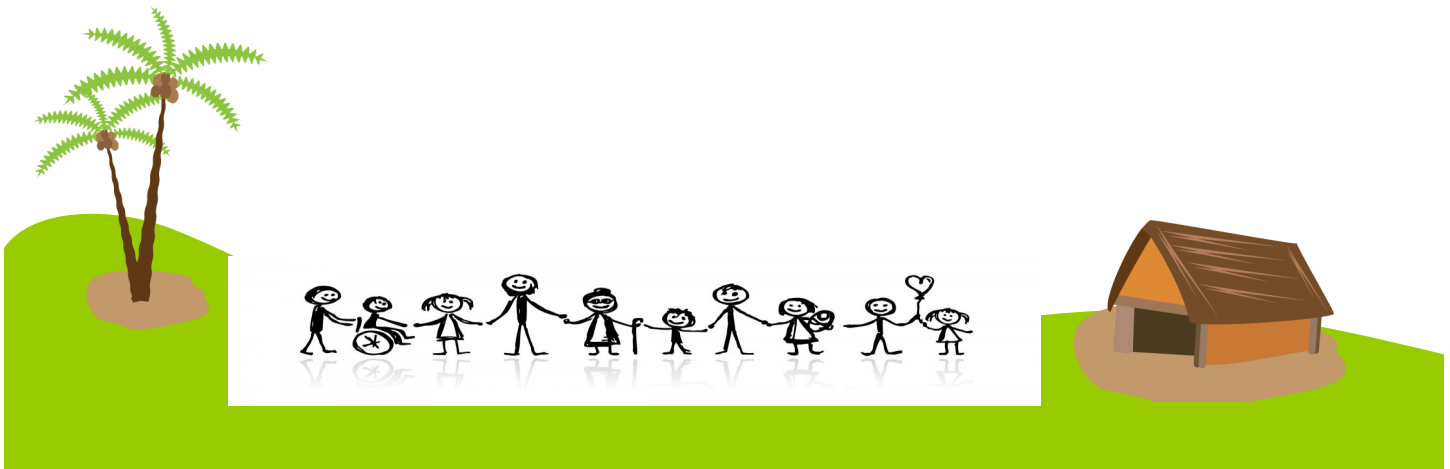
If you are interested in an out of home respite service, you must let your service coordinator know about your interest. The SC and you will talk about your need for respite. The SC will consult with the appropriate committee at ACRC to meet the needs of your family and the client. Different committees exist for assessment of need of adult clients and dependent minors. When an appropriate option is located, the SC will work with your family and the licensed care provider for the out of home respite to occur. The amount of hours are determined by the planning team, as well as other extenuating circumstances involving the chosen home.

Important documents needed for out of home respite:

- 1) **Aggressive Behavior Statement**—a one page form that is used to document all known behaviors and/or criminal history. This form is completed by the SC to provide information to the care provider in support of the client.
- 2) **Individual Health Care Plan (HCP)** - a document for communicating necessary information to support clients with health care needs. It is completed by client's physician and documents the client's health care needs.

“Respite is a break that keeps families from breaking.”

(Joy Scott, Tri-County Respite Care)





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How is a respite need assessed?

The assessment of respite service is based upon the need of the client as compared to a typically developing child/adult of the same age. ACRC will fund for respite services on a quarterly basis. The appropriate number of respite hours for each family is based on the assessed need and considers the child's or adult's care needs, behaviors, and generic resources available (i.e., EPSDT, Nursing Facility Waiver, School, Day Program, etc.)

How do generic resources (i.e., IHSS, EPSDT, etc.) affect respite services eligibility?

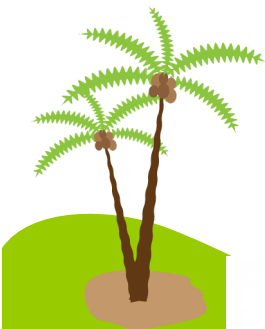
Generic resources are considered in the assessment of need for the service. The planning team will map out how all hours (such as IHSS) are used for the month, or week or day, which will then help in determining the respite need. The number of respite hours will depend on this assessment of need.

Is respite available for my child with medical conditions?

Yes, respite for the medically fragile is available for those with stable medical conditions. It is also called a skilled nursing respite care. It is a temporary break from the medical care and supervision provided to parents or primary caregivers to relieve them of the stress of caring for a client. This skilled nursing care respite is provided to clients with stable medical conditions that need the skills and expertise of medical personnel, specifically a registered nurse or licensed vocational nurse.

“From caring comes courage.”

(Lao Tzu)



Who pays for skilled nursing respite care?

Skilled nursing respite can be funded by Medi-Cal for clients 0 to 21 years old under the Early Periodic Screening Diagnosis and Treatment (EPSDT). The service can also be funded through the Nursing Facility Waiver. If the respite service is provided by a Home Health Agency (HHA), the agency can work with Medi-Cal and other state agencies to have the skilled nursing respite paid for. If the client is recommended to attend a Pediatric Day Health Center, then the PDHC can work with the SC and the family in enrolling the client in EPSDT and have EPSDT fund the service. ACRC may fund this service for a client upon approval of the Best Practices Committee. This temporary funding is contingent on the family's agreement to pursue all available generic resources including enrollment to the Medicaid Waiver program.



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***“Never be so busy
as not to think of
others.”***

(Mother Teresa)

Who can provide skilled nursing respite?

- 1) Home Health Agency (HHA)— this is a medical respite provided in the home by HHAs. The agency provider sends either a licensed vocational nurse (LVN) or a registered nurse (RN) into a client's home to provide medical related respite based on the client's care needs. The HHA is responsible for ensuring that a nurse case manager is assigned to the LVN or RN provider.
- 2) Individual Nurse Provider (INP) - is a nursing service typically funded by EPSDT for eligible regional center clients. The INP requires an assignment of care manager either paid for by the regional center or provided by EPSDT. The client's primary doctor can also provide supervision to the INP.
- 3) Pediatric Day Health Center (PDHC) - is a nursing facility specifically funded by EPSDT for clients requiring nursing respite care for clients ages 0– 21 years old. Supervision of LVNs are provided in the facility. Requests for ACRC funding of PDHC services have to be approved by an appropriate committee.

