

HARBOR 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 whose needs exceed that of an individual of the same chronological age without developmental disabilities (W&I Code 4686.5 (1)). *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 daycare (W&I Code 4686.5 (4)). 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 and 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 the family member.
- After the completion of designated training, in-home respite may include a provision of incidental medical services (W&I Code 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 as alternative respite resources are identified.

I. AGE OF INDIVIDUAL

- 0 0 – 5 years
- 2 6 – 12 years
- 4 13 – 17 years
- 6 18 and over

II. ADAPTIVE SKILLS

- 0 Individual's needs in this area do not exceed that of a child or adult of the same chronological age without developmental disabilities.
- 2 Individual is over age 8 and requires daily assistance with dressing, eating, grooming, toileting, etc.
- 3 Individual is over age 5 and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all or the individual lacks age appropriate safety awareness, requiring an enhanced level of supervision, on a daily basis, for the individual's personal safety, protection and well-being.
- 4 Individual is over age 4 and requires total care, is not capable of self-care in any activity of daily living.

III. MOBILITY (To have a value of "3" or greater, the individual must be over 10 years of age or require 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.).

- 2 Individual is mobile only with assistance (e.g. must have assistance in using walker or crutches, transfers with assistance, is unable to use a wheelchair independently, requires assistance on and off toilet and/or in and out of bed, etc.).
- 3 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.).

IV. DAY PROGRAM ATTENDANCE (Value is “0” if Individual is under 5 years of age.)

- 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.
- 2 Individual attends school or day program less than 10 hours per week.
- 3 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 a value of 3).

V. MEDICAL NEEDS

- 0 Individual has no health problems – routine care (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 but not during respite hours, seizure disorder requiring little to no caregiver support.). Explanation required on Summary Sheet.
- 3 Individual has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general over site and monitoring on a daily basis, (e.g. apnea monitor used as a precautionary measure, frequent turning, etc). Explanation required on Summary Sheet.
- 5 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 medication management, occasional suctioning at times other than respite hours, etc.). ** To score a value of 5 on this section the family must demonstrated active participation in the care of the individual and follow-up on medical appointments. Explanation of need and activities required on Summary Sheet.

VI. BEHAVIORAL NEEDS

- 0 Individual infrequently displays behavioral excesses or behavior is appropriate for age.
- 1 Individual displays some behavioral excesses, may be hyperactive or irritable but not aggressive or destructive of property as appropriate for age.
- 2 Individual displays moderate behavioral excesses on a daily basis (e.g. extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior,

such as head banging not requiring medical attention, minor property destructive, etc.). Explanation required on Summary Sheet.

- 3 Individual displays severe behavioral excesses weekly (e.g. aggressive towards others potentially causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention, serious property destruction, etc). Family is not yet participating in a behavior change program. Explanation required on Summary Sheet.
- 4 Individual displays severe behavioral excesses at least weekly (e.g. aggressive towards others potentially causing injury, self-abusive requiring occasional restraint as a preventative measure or requiring occasional medical attention serious property destruction, etc.). To receive a value of “4,” 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 often than weekly, an Expanded Planning Team meeting must be convened to determine respite needs, including alternative respite options if the individual has not been successful with the more traditional forms of in-home respite, and to ensure that all diagnostic avenues have been explored.

VII. FAMILY SITUATION

- 1 Individual is a member of a one or two-parent family and is the only person with a developmental disability residing in the home.
- 3 Individual is a member of a two-parent family and one parent has a developmental disability, or the primary caregiver is over age 60 and is experiencing coping difficulties due to age and/or health issues, or the primary caregiver provides care in the family home to more than one child and/or adult who are eligible for regional center services.
- 5 Individual is a member of a two-parent family and both parents have a developmental disability, or primary caregiver is in treatment for acute psychiatric, emotional, or substance abuse problem which functionally impairs their ability to meet the Individual’s daily care needs.
- 7 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 is in treatment for a chronic medical problem which directly interferes with their ability to meet the Individual’s daily care needs.

OTHER GENERIC RESOURCES FOR CONSIDERATION

- Number of county funded respite hours.
- Number of hours awarded by IHSS (Attach IHSS Award Letter).
- Is family/ Individual receiving the special non-medical Board and Care SSI rate? Yes No
- Is family/ Individual eligible for EPSDT support? Yes No
- Is family eligible for ECHO Military Benefit? Yes No
- Is family eligible for Exceptional Family Member Program (EFMP) Military Benefits? Yes No
- Is Individual eligible for Nursing Facility (NF) Waiver? Yes No