

# Respite Services: Assessment and Guidelines

*“In-home respite Services means intermittent or regularly scheduled temporary nonmedical care and supervision provided in the client’s own home, for a regional center client who resides with a family member”. [W&I Code 4690.2].*

## **I. Assessment of Respite Needs**

- A. The Service Coordinator will identify the client’s current circle of support which provides the family with relief, support and assistance. These supports may include family, friends, support groups, and generic services (IHSS, Medi-Cal, etc.). The Service Coordinator will work with the family to establish a plan to meet the need for respite for those families who do not have adequate resources or networks of support.
- B. In assessing the family’s respite needs, consideration is given to the following:
  1. Self-care: The individual’s ability to complete activities of daily living independently or with assistance needs to be assessed. Self-care tasks to review in the assessment include, but are not limited to, bathing, tooth brushing, hair combing, using the restroom, dressing/undressing and mobility needs.
  2. Behavior: Behaviors that should be considered include, but are not limited to, tantrum behaviors, running away, property destruction and verbal/physical aggression. The Service Coordinator shall identify and understand behavioral challenges in terms of what they look like, how they look in different settings, how often they occur, how long they last, what happens before and after a behavioral episode, and how intense they are.
  3. Medical: Medical needs associated with an individual’s developmental disability which increase their care needs will be considered. Some clients may require attention by a team of specialists, have frequent medical appointments, or need assistance with medication management.
  4. Family support: The physical, psychological and emotional health of parents and caregivers must be considered as a part of the assessment. The Service Coordinator shall be mindful of the age of caregivers as it relates to their ability to provide care over time. Consideration of available natural and generic supports, including In-home Support Services (IHSS) shall also be given.
- C. Infants or toddlers with developmental disabilities generally require care and supervision similar to typical children of the same age. For this reason, we do not typically provide respite for infants, toddlers, or children under 3 years of age. However, families of children under age 3 whom have extraordinary circumstances may be considered as an exception.

## **II. Determining Respite Hours**

- A. The assessment and provision of services continues to be based on a client’s and family’s individualized needs. The Service Coordinator will work with the client and family to assess their individual respite needs, and consider the client’s and family’s preferences.
- B. The HRC **Respite Needs Assessment Tool** is designed to assist with determining a suitable amount of respite hours that will provide the family or caregiver with a break from the client’s care. Typically respite hours ranging from 6 to 40 hours per month meet the needs of most caregivers. However, every family dynamic is different and some caregivers may

have exceptional respite needs beyond 40 hours per month (120 per quarter). In these circumstances, the Service Coordinator will take extra steps to assess the family's respite needs (see section III).

- C. The Service Coordinator will complete the attached **Respite Needs Assessment Tool** to identify an appropriate amount of hours based on the client's level of care needs in 4 major life areas: Self-care, Behavior, Medical, and Family Support. Each life area will be rated as having no need or a Low, Intermediate, High or Exceptional level of need using a point system. No need will equal 0 points, Low needs will equal 1 point, Intermediate needs will equal 2 points, High needs will equal 3 points and Exceptional needs will equal 4 points.
- The Service Coordinator will calculate the total number of points across the 4 life areas.
  - A range of hours will be designated for the total amount of points.
  - The Service Coordinator will communicate with the family an amount of hours they feel will best meet their respite needs, starting with the range that correlates with the total number of points on the assessment tool.
  - The **Respite Needs Assessment Tool** is meant to be used as a guide to ensure that each individual client and family's circumstance are considered and measured equitably. The value indicated by the tool is not a final, fixed amount. Client and family preference and choice are part of the assessment process.
- D. The **Respite Needs Assessment Tool** will help determine monthly respite hours. Multiply the monthly amount by 3 to obtain a quarterly amount.
- F. Home health agencies may have a policy on a minimum amount of authorized respite hours for Medical respite provided by a Licensed Vocational Nurse (LVN). Most home health agencies will require respite services to be scheduled in shifts of no fewer than 4 hours at a time.
- G. The Service Coordinator will work with the Planning team to develop a respite plan covering the entire year. The expected needs for respite through the next review period will be discussed during the annual Planning meeting.

### III. Exceptional Respite Needs

- A. An exceptional amount of respite hours (more than 40 monthly or 120 quarterly) may be deemed necessary to keep the client living in the family home and/or as a way to get them through a crisis situation. The assessment in this case should identify and address the root issues and a long term solution and plan.
- B. If a client and family have extreme circumstances (as described in the **Respite Needs Assessment Tool**) which warrant an exceptional level of respite hours, the Service Coordinator will take the following steps:
1. Together with the Planning team determine the root issues linked to the challenging situation.
  2. Identify resources and supports to address the areas of challenge.
  3. Develop a goal oriented long term support plan with the Planning team.
  4. Determine if providing an exceptional level respite services on a temporary basis is needed while waiting for other supports or until the crises situations are resolved.
  5. Determine the number of exceptional level respite hours.
  6. Discuss the case with the Client Services Manager including a plan and the rationale for the requested service.