

## Respite Care Policy

- I. **Purpose:** It is the intent of San Andreas Regional Center to make respite services available to assist families in maintaining the individual in the family home, in compliance with all state and federal laws, regulations, and court decisions. Respite is part of a network of support services that are available for families and is not meant to supplant other services.
  
- II. **Definitions:**
  - **Consumer, individual, and person served are used interchangeably in regional center policy and the Lanterman Developmental Disabilities Services Act and mean a person who has been found eligible and receives services from the regional center.**
  
  - *Respite* is the provision of intermittent and/or regularly scheduled temporary non-medical care to individuals with developmental disabilities on an in-home and/or out-of-home basis. Respite services are designed to do the following:
    - i. Assist family members in maintaining the individual at home.
    - ii. Provide appropriate care and supervision to ensure the individual's safety in the absence of family members.
    - iii. Relieve family members from the constantly demanding responsibility of caring for the individual.
    - iv. Attending to the individual'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 the family member.
    - v. Meet emergency needs.
    - vi. To provide appropriate respite services, San Andreas will make available the following options:
      1. *In-Home Respite* is the provision of respite services within the family home. Family may choose to utilize an *Employer of Record (EOR)* respite agency. and/or *Participant Directed/Financial Management Services (FMS)* to use family members or others as the respite worker, or they may choose to use a vendorized agency, which provides the worker.

2. *Out-of-Home Respite* services are provided by a vendor who is licensed by the Department of Social Services (DSS), or an agency authorized by DSS, or it is licensed by the Department of Health Services. Out-of-home respite is provided in a setting outside the family home. Parents may choose a licensed community care facility, vendored camp, or an intermediate health care facility for the developmentally disabled licensed by the Department of Health. Vendored facilities must have training, education, and the skills to perform the required licensed services. Out-of-home respite service is intermittent or regularly scheduled temporary care to individual and is designed to relieve families of the constant responsibility of caring for a family member; to meet planned or emergent needs of the family; to allow parents the opportunity for vacations or other necessities of family life.

III. **Policy:** San Andreas shall purchase respite care to assist the family member. Authorized respite hours may be used by the family at any time during the authorization period. Families of individuals in out-of-home placement are not eligible for respite services. Families who use the *Participant Directed FMS* (Financial Management Services) or Employer of Record (EOR) must first obtain a vendor number and must comply with all federal and state requirements. Respite provided by trained health professionals is covered in the In-Home Skilled Nursing Policy.

The respite needs of each family shall be individually assessed by the planning team to determine the need. The planning team will use the "Family Needs Assessment Summary Sheet" as a tool to help determine individual respite needs in certain circumstances. In-Home Support Services hours where a caregiver is the designated worker shall not be considered a generic service with respect to calculating the appropriate amount of respite care needed. For persons served aged 17 or younger, the team shall determine if Day Care subsidy hours are more appropriate based on the nature of the need. Families participating in the *Participant Directed/ FMS*/and or *EOR* must use respite providers who are at least eighteen years of age and not a spouse and/or significant other.

- IV. **Purchase of Service Standard:** The type and amount of respite services that San Andreas will purchase will be determined by the planning team based on individual and family needs. Families may use up to 30 hours a month or 90 hours a quarter and/or up to 21 days per year, depending upon need. Authorizations requiring a higher amount of service will require an exception. Months (or quarters, if appropriate) will have their hourly amounts adjusted by 24 hours per month for every 1 day of out-of-home service authorized for that time period.
- V. **Exception Process:** The executive director has full discretion to authorize purchases of service which are exceptions to the board-adopted purchase of service policies and standards. The executive director has designated that the Director and Associate Directors of Consumer Services are authorized to grant an exception in the executive director's stead; these individuals are referred to as director's designees.
- VI. The first formal discussion of a request for service takes place at the planning team meeting. If the request falls within the service policy, the request is granted. If the request does not fall within the service policy, the individual, their legal guardian, conservator, or authorized representative may make a request to the service coordinator for an exception to the policy. If the request for service is not consistent with the policy, the service coordinator starts the exception review process by exploring the basis for the request. A timeline for the director's exception review is set by agreement between the individual/family and the service coordinator, but the timeline may not exceed fifteen (15) days. Within that time, another planning team meeting will be convened. In the meantime, the coordinator presents the information to the manager to determine whether a director's exception may be warranted. At the scheduled planning team meeting the decision will be made. The director's designee will attend the planning team meeting if necessary. If the exception is granted, the service coordinator amends the person-centered individual program plan, notifies the individual/family, and gives a copy of the amended plan to the individual/family.

- VII. **Notice of Action:** If the exception is not granted, the service coordinator promptly informs the individual/family that it has not been granted, informs the individual/family of their appeal rights, and sends a notice of action and a fair hearing form.

If a decision is made to deny, reduce, or cancel the service without the agreement of the individual or the individual's representative, a Notice of Action will be sent.

**DDS Approved: October 2, 2025**  
**Board Adopted: October 20, 2025**

## **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 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 ("points") under each heading. Transfer "points" 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 requires daily supervision with dressing, eating, grooming, and daily chores, and assistance with toileting and meal preparation.  |
| 4 | Individual is <u>over age 8</u> and requires daily assistance with dressing, eating, grooming, toileting, meal preparation, and daily chores, etc. Individual is <u>over age 4</u> and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all <u>or</u> the individual lacks appropriate safety awareness, requiring an enhanced level of supervision, on a daily basis, for the individual's personal safety, protection, and well-being. |
| 8 | Individual is <u>over age 4</u> and requires total care, is not capable of self-care in any activity of daily living.   |

### **III. MOBILITY (To have a value of "6" or greater, the individual must be over 10 years of age or require special lifting equipment.)**

- |   |  |
|---|--|
| 0 | Individual is mobile (if over 18, can access community transportation independently).  |
| 2 | 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.). If over 18, also requires supervision when in the community to access transportation. |
| 4 | 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.). If over 18, also needs some assistance in the community to access transportation.                              |

- 6 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.). If over 18, also needs full assistance in the community to access transportation.
- 10 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 day program, or there is no day program available which can meet the Individual’s needs, as determined by the full IDT (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.).
- 2 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.
- 6 Individual has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general oversight and monitoring daily, (e.g., apnea monitor used as a precautionary measure, frequent turning, etc.). Explanation required on Summary Sheet.
- 10 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.). Explanation of need and activities required on Summary Sheet.

\*\* To score a value of 10 on this section the family must demonstrate active participation in the care of the individual and follow-up on medical appointments.

**VI. BEHAVIORAL NEEDS**

- 0 Individual infrequently displays behavioral excesses, or the behaviors are not atypical for age.
- 2 Individual displays some behavioral excesses, may be hyperactive or irritable but not aggressive or destructive of property as appropriate for age.
- 4 Individual displays moderate behavioral excesses daily (e.g., extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior, such as head banging not requiring medical attention, minor property destructive, AWOL monthly, etc.). Explanation required on Summary Sheet.
- 8 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, AWOL Weekly, etc.). Family is not yet participating in a behavior change program. Explanation required on Summary Sheet.
- 10 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, AWOL daily, etc.). Explanation of behavior program and progress is required on Summary Sheet.

\*\*To receive a value of “10,” the family must demonstrate active involvement in a behavior change program; the components of which may include AST, IBI, Parent Training, nutrition consultation, medication, etc.

NOTE: ► If the individual displays severe behavioral excesses more often than weekly, an IDT meeting must be convened to determine respite needs beyond the service standard.

## VII. SAFETY

- 0 Individual can maintain own safety independently or the safety needs of the individual are not atypical for age.
- 2 Individual requires a responsible person be present when at home (not in the same room) and requires supervision in the community.
- 4 Individual requires constant line of sight supervision to maintain safety both at home and in the community.
- 6 Individual require arms distance or hand on supervision at home and in the community to ensure safety of the individual and others.

## VIII FAMILY SITUATION

- 1 Individual is a member of a **two-parent** family, and they are the **only person** with a developmental disability residing in the home.
- 2 Individual is a member of a **one-parent** family, and they are the **only person** with a developmental disability residing in the home, or individual is the member of a **two-parent** household with **2 or more** minor siblings, where they are the **only person** with a developmental disability.
- 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.
- 4 Individual is a member of a **two-parent** household, and the primary caregiver provides care in the home for **more than one child and/or adult** who are regional center services consumers.
- 5 Individual is a member of a **one parent** household with **more than one child and/or adult** who is a regional center consumer.
- 6 Individual is a member of a **two-parent** family and **both parents** have a developmental disability, or **primary caregiver** is in treatment for a **medical or mental health problem** which directly interferes with 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 **the parent** is in treatment for a **medical or mental health problem** which directly interferes with their ability to meet the Individual's daily care needs.

## OTHER GENERIC RESOURCES FOR CONSIDERATION

W&IC 4648(8): Regional Center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all members of the general public and is receiving public funds to provide those services.

- Is the family receiving county funded respite hours? Yes,  How Many: \_\_\_\_ No
- Is family eligible for Exceptional Family Member Program (EFMP) Military Benefits? Yes  No 
  - \* EFMP provides comprehensive and coordinated community support, housing, educational, medical, and personal services to Army families with special needs. Also includes respite care program.  
[www.myarmyonesource.com/familyprogramsandservices](http://www.myarmyonesource.com/familyprogramsandservices)

**FAMILY RESPITE NEEDS ASSESSMENT  
SUMMARY SHEET**

Date: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Current Age: \_\_\_\_\_

Individual's Regional Center UCI #: \_\_\_\_\_ Service Coordinator's Name: \_\_\_\_\_

**INSTRUCTIONS:** Using the Family Respite Needs Assessment Guideline, complete the following summary sheet in order to obtain an estimation of the amount of respite the family might receive through regional center funding.

**Values from Guideline**

I. **AGE OF INDIVIDUAL** \_\_\_\_\_

II. **ADAPTIVE SKILLS** \_\_\_\_\_

III. **MOBILITY** \_\_\_\_\_

IV. **DAY PROGRAM ATTENDANCE** \_\_\_\_\_

V. **MEDICAL NEEDS** (A value of 2-10 requires an explanation of need. Please indicate if this is a short term or a chronic medical issue. If short term, please indicate the expected duration of need.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. **BEHAVIORAL NEEDS** (A value of 4-8 requires an explanation of need) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. **SAFETY** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. **FAMILY SITUATION** (A value of 5-7 requires an explanation of need.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL POINTS:** \_\_\_\_\_

**Individual's Name:** \_\_\_\_\_

**Total Points:** (Transfer from Page 1) \_\_\_\_\_ **Points** = \_\_\_\_\_ **Hrs/Month or Days/Month\***

\* See Chart(s) below to determine respite hours/day(s)

**Less other Generic Resource Considerations:** Less \_\_\_\_\_ Number of county funded respite hours  
Less \_\_\_\_\_ EPSDT respite support  
Less \_\_\_\_\_ Other: (EFMP military benefits, etc).

**Total Regional Center Funded Respite Hours:** \_\_\_\_\_

I (parent/guardian/conservator/consumer) agree to the accuracy of this respite need assessment and the number of regional center funded respite hours.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Hourly Rate Respite:**

0-5 points	Routine supervision
6-10 points	8 hours per month (24 hrs/quarter)
11-15 points	12 hours per month (36 hrs/quarter)
16-19 points	16 hours per month (48 hrs/quarter)
20-24 points	20 hours per month (60 hrs/quarter)
25-30 points	24 hours per month (72 hrs/quarter)
30 + points	Planning Team Determination**

\*\* The Planning Team must consider the criteria stated in W & I code 4686.5 and the regional center's respite exception guidelines when determining respite services more than 90 hrs./quarter of in-home respite services and days/year of out-of-home respite services.