

FAMILY RESPITE NEEDS ASSESSMENT GUIDELINE

DEFINITION OF RESPITE: *Respite Services* means intermittent regularly scheduled temporary care and/or supervision of child or adult with a developmental disability whose needs exceed that of an individual of the same chronological age without developmental disabilities. *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. Respite services are support services which typically include:

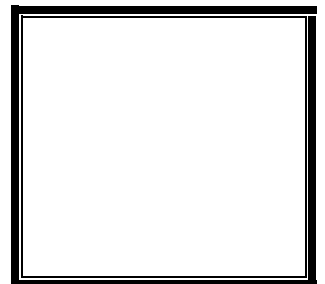
- Assisting the family members to enable an individual with developmental disabilities to stay at home
- Providing appropriate care and supervision to protect that person's safety in the absence of a family member(s)
- Relieving family members from the constantly demanding responsibility of providing 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 resources are identified.

I. AGE OF INDIVIDUAL

- 0 0 – 18 months
- 1 19 mon – 3 years
- 3 3.1 – 5 years
- 4 6 – 10 years
- 5 11 – 14 years
- 6 15 – 17 years
- 7 18 and over

Score



II. ACTIVITIES OF DAILY LIVING (compare with non-disabled peers in individual's age group for dressing, eating, grooming, toileting, etc.)

- 0 No special care - Individual's needs do not exceed those of an individual of the same chronological age without a developmental disability.
- 1 Daily supervision – Requiring daily supervision with dressing, grooming, eating and assistance with toileting.
- 2 Daily hands on assistance – Requires minor or occasional daily supervision and assistance (e.g. can't complete dressing routine).
- 3 Requires total care in some aspect of dressing, eating, grooming and toileting, but not all (e.g. cannot adjust shower temp, doesn't clean after toileting).
- 4 Requires total care, is not capable of self-care in any activity of daily living.
- 5 Over 13 and requires total care, is not capable of self-care in any activity of daily living.

Score

III. MOBILITY

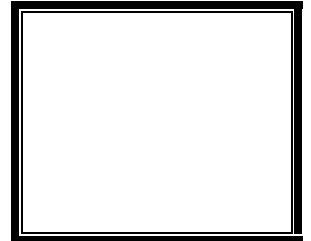
- 0 Individual is independently mobile.
- 1 Individual is mobile and needs some help or adaptive equipment (e.g. uses a walker independently, walks with crutches/braces, uses a wheelchair independently) able to transfer independently and get on/off a toilet and in/out of bed etc.
- 2 Individual is mobile only with assistance (needs assistance using a walker or crutches or transferring.) Unable to use a wheelchair independently and requires assistance to transfer on/off toilet and/or in/out of bed.
- 3 Individual is between 18 months and 3 years and is not walking independently, e.g. must be carried, held and positioned most of the day by an adult.
- 4 Individual is 4 years or older and mobile only with assistance and special equipment (e.g. requires lifting in/out of standard wheelchair onto toileting equipment or in/out of bed).
- 5 Individual is not independently mobile with equipment at home or in community, needs constant care.
- 6 Individual is not mobile and requires total support and care (e.g. turning every few hours, use of a lift to get in/out of bed).

Score

IV. COMMUNICATION

- 0 Individual is younger than 18 months and/or is verbal and/or uses and understands signs.
- 1 Individual uses simple speech, is difficult to understand, uses non-verbal cues or uses augmentative communication.
- 2 Individual does not use words or non-verbal cues or equipment to communicate.

Score

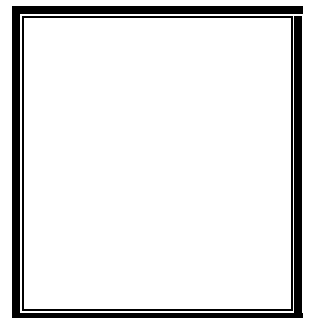


Non-verbal cues: gestures, (pointing, shaking head, or leading by hand) facial expressions, making eye contact and smiling/crying

V. SCHOOL/DAY PROGRAM (150 days on average – 6 hours per day = 30 hours per week full time)

- 0 Individual attends school or day program or an appropriate school/day program is available but the individual or family chooses not to attend/participate.
- 1 Individual attends school or day program 20 to 24 hours per week.
- 2 Individual attends school or day program 11 to 19 hours per week.
- 3 Individual attends school or day program on a limited basis (5 to 10 hours per week).
- 4 Individual has been suspended/expelled from school or day program, or there is no day program available Explanation required on Respite Assessment Sheet.

Score



VI. MEDICAL NEEDS and Impact on Supervision or Care:

- 0 Individual has no health problems (stable with preventative and routine care).
- 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 caregiving support). Explanation required on Respite Assessment Sheet.
- 2 Individual has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general oversight and monitoring on a daily basis, (e.g. apnea monitor, turning every 2 hours, etc.) Explanation required on Respite Assessment Sheet.
- 3 Individual requires almost constant attention to medical conditions or procedures requiring immediate caregiver involvement (e.g. daily apnea episodes, occasional suctioning at times other than respite hours, multiple medication management). Explanation required on Respite Assessment Sheet.
- 4 Individual requires total care 24/7 due to medical condition or significant health condition and parent is primary caregiver. Explanation of need and activities required on Respite Assessment Sheet.

Score

VII. BEHAVIORAL NEEDS

Disruptive Social; Aggressive; Self-Injurious, Destruction, Running; Emotional Outbursts

- 0 Behaviors are appropriate for age.
- 1 Behaviors are easily redirected most of the time.
- 2 Behavior excesses require frequent redirection and is not always successful.
- 3 Behavioral excesses unresponsive to redirection; requires intervention and close supervision.
- 4 Behavioral excesses occur more often than weekly; require intervention and constant supervision. Explanation of behavior program and progress and additional information required on Summary Sheet.
- 5 Individual displays severe behavioral excesses at least daily (e.g. aggressive towards others, severe self-injury). Explanation of behavior program and progress is required on Summary Sheet.

Score

VIII. FAMILY SITUATION/CAREGIVER CONDITION

Group 1 (Score 3 for one circumstance and 1 for any additional circumstances)

- Caregiver has chronic or ongoing illness that affects providing of care and supervision (*Doctor's verification required*).
- Caregiver has acute or short term illness (*Doctor's verification required*).
- Family member in the home has acute illness or health crisis (*Doctor's verification required*).
- Caregiver has physical or mental disability (*Doctor's verification required*).
- Caregiver has advancing age-related decline.
- Caregiver is a regional center client.
- Multiple children with disabilities in the home needing respite.
- Single parent.
- Death of parent or child in the household within the last year.

Group 1 Score

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Group 2 (Score 2 for one circumstance and 1 for any additional circumstances)

- Birth or adoption within period of previous 6 months.
- Death of extended family member within period of previous 6 months.
- Health crisis of an extended family member.
- Intermittent Single Parent (spouse periodically absent or shared custody situations).
- Loss of adult care giver in the home (includes siblings) within period of previous 6 months.
- Two parents with two or more children.

Group 2 Score

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Group 3 (Score 1 for one circumstance and 1 for any additional circumstances)

- Dependent adult in home that is not an adult child of the caregiver(s).
- Recently moved (within 3 months) or imminent relocation.
- Two parents with one child.

Group 3 Score

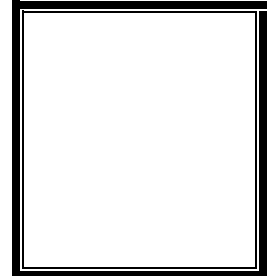
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IX. SAFETY AND SUPERVISION NEEDS

Group 1 (Score 3 for this circumstance)

- Individual displays severe to profound behavior excess throughout the day in any environment (e.g. aggressive towards others potentially causing injury, self-injurious requiring implementation of crisis prevention strategies and/or requiring medical attention, serious property destruction).

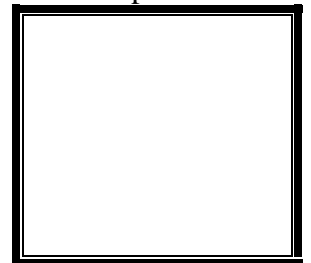
Group 1 Score



Group 2 (Score 2 for this circumstance and 1 for any additional circumstances)

- Individual elopes from home on a regular basis.
- Individual displays behaviors endangering themselves out in the community and requires constant supervision (inappropriate approach to strangers, aggression in public environments).
- Individual has a medical condition (e.g. G-tube) and behavior is a threat to their health.
- Behavioral/Mental Health Treatment Services are pending.

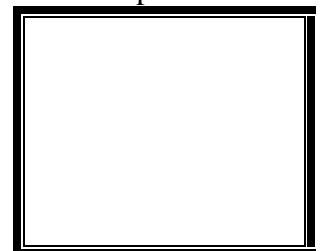
Group 2 Score



Group 3 (Score 1 for this circumstance and 1 for any additional circumstances)

- Individual wanders when out in the community requiring constant supervision.
- Individual does not understand basic directions (e.g. “No”, “Stop”).

Group 3 Score



FAMILY RESPITE NEEDS ASSESSMENT SUMMARY SHEET

Date: _____

Individual's Name: _____ D.O.B. _____ Current Age: _____

Individual's Regional Center UCI#: _____ Service Coordinator Name: _____

Name of Person(s) Completing Form: _____

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.

I. AGE OF INDIVIDUAL

II. ACTIVITIES OF DAILY LIVING

III. MOBILITY

IV. COMMUNICATION

V. SCHOOL/DAY PROGRAM

VI. MEDICAL NEEDS

VII. BEHAVIORAL NEEDS

VIII. FAMILY SITUATION/CAREGIVER CONDITION

IX. SAFETY AND SUPERVISION NEEDS

TOTAL VALUE: _____

Individual's Name: _____

Total Value: (Transfer from Page 1) _____ = _____ Hrs/Month

Hourly Rate Respite:

0 – 6 points	Routine supervision
7 – 11 points	7 hours per month
12 – 16 points	14 hours per month
17 – 21 points	21 hours per month
22 – 26 points	28 hours per month
27 – 31 points	35 hours per month
32 – 36 points	42 hours per month
37 + points	Expanded Planning Team Determination

ANY DECREASE IN RESPITE HOURS WHEN FIRST UTILIZING THIS TOOL WILL NEED TO BE REVIEWED BY THE EXPANDED PLANNING TEAM BEFORE A REDUCTION IS PROPOSED

Extended Care Respite:

As WRC can no longer fund In-Home Overnight respite, the POS Committee will review every request for additional hours on an individual basis.

For all requests, WRC needs to consider if there are natural supports to provide for the temporary care of the individual. (Ex: Grandparents who would be providing support in the family home while parents are out of town.) In all cases the POS Committee will need to consider what supports are already being utilized and available to the family, including:

- School/Day program/Work schedule
- Current WRC funding – Respite, Spec Supervision, PA, etc.
- IHSS hours
- Other generic resources being utilized such as – Crystal Stairs funding, generic after school programs such as Y programs, community centers, etc.
- Natural Supports

SPECIAL CIRCUMSTANCES

In order to consider an exception for additional respite services in amounts above those indicated by the Assessment Guideline, WRC may request additional information from the family. This may also include written documents such as: verification of medical conditions, a schedule of how additional hours may be used, verification of alternate resources that meet the respite need.

Extenuating family circumstances that warrant consideration for additional respite such as, but not limited to:

- Parent has left their employment in order to care for the individual
- Additional medical condition of the client that impacts the family
- Extreme, excessive behavioral challenges
- Recent event impacting the ability of the primary caregiver to meet the care and supervision needs of the client
- Client support needs that are not addressed with the current resources (natural supports, generic resources, regional center funded resources)
- A demonstrated change in the client's level of care and supervision needs not previously discussed in the most recent IPP or Family Respite Needs Assessment

GENERIC RESOURCES FOR CONSIDERATION (Not in lieu of Respite, but as additional support)

- Has the family been referred to IHSS for additional support?
- Will the individual possibly qualify for protective supervision?
- Is family/individual eligible for EPSDT support?
- Does the child have a G-tube or medical condition that might qualify them for hours through EPSDT, should a referral be made to one of our nursing/respite agencies for an assessment?
- Can the family possibly qualify for other generic services such as, Crystal Stairs funding?