

# Respite Guidelines

## A. “Respite Services” Defined

Respite services provide intermittent or regularly scheduled non-medical care and supervision of a minor or adult with a developmental disability. It is provided only to minors or adults residing in the home of a family member who is responsible for the 24-hour care and supervision of the individual. Regional Center may only purchase respite services when the care needs of the individual exceed those of a person of the same age without a developmental disability. Respite care is not intended to substitute for day or after-school care for working parents. (See separate guidelines for Day Care).

Limits may be placed on any service that is paid by the Regional Center, due to funding restrictions imposed by the contractual obligations to the Department of Developmental Services.

## B. How WRC Determines the Amount of Respite Services Needed

### 1. In General

Each family that can benefit from respite services has different needs. The Family Respite Needs Assessment Guideline and Summary (**incorporated by reference**) will be used to establish the number of hours per month of in-home respite that can be funded by the Regional Center. **The Family Respite Needs Assessment Guideline considers such factors as: age, adaptive skills, mobility, communication, school or day program attendance, medical needs, behavioral needs, family situation, and availability of “generic resources.” The Assessment Guideline is filled out with input from the consumer, family, or guardian and yields an estimate of the amount of hours needed.**

### 2. Consideration of “Generic Resources”, Out of Home Respite, and Extended Care Respite

**Under the Lanterman Act, prior to authorizing services, all Regional Centers, including WRC, are required to consider whether “generic resources” can meet the consumer’s needs (see Welfare and Institutions Code Section 4659). For example, consideration of respite services also requires consideration of whether an individual is receiving IHSS.**

The availability and utilization of In-Home Support Services (IHSS) provided through the Los Angeles County Department of Social Services will be considered in assessing Westside Regional Center’s funding of respite when the approved IHSS hours meet the respite needs as identified in the IFSP/IPP. (Welfare and Institutions Code Section 4659 (a) (1)) **WRC will only consider services such as In-Home Supportive Services a generic resource when the approved services meet the respite needs as identified in the consumer’s individual program plan or individualized family service plan.**

Out of home respite services for children may be provided for a maximum of 21 consecutive days, based on availability, in licensed residential facilities when the family situation requires it. After

that amount of time, it would be expected that Supplemental Social Security Income (SSI) and/or other public benefits should be applied to a residential care arrangement. (Welfare and Institutions Code Section 4659 (a) (1)) Availability of appropriate residential facilities is extremely limited statewide.

Out-of-home respite services for adults may be provided in a licensed residential facility up to a maximum of 21 consecutive days, based on availability. After that amount of time, it would be expected that Supplemental Social Security Income (SSI) and/or other public benefits should be applied to a residential care arrangement. (Welfare and Institutions Code Section 4659 (a) (1)) Availability of appropriate residential facilities is extremely limited statewide.

Extended care in home respite may be considered as an alternative to out of home respite when an appropriate residential facility is not available or when the family preference is to utilize a respite provider in the family home. Prior to funding of extended care in home respite, the Regional Center must consider any natural supports available to provide for the temporary care of the individual as well as the services and supports already being provided to the family. (Welfare and Institutions Code Section 4659 (a) (1))

### **3. Exceptions and Appeal Rights**

**An exception to fund additional respite may be considered when there are** 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 child, 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 not addressed with 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. In order to consider an exception for additional respite, WRC may request additional information from the family. This may also include written documentation such as: verification of medical conditions, a schedule of how additional hours may be used, verification of alternate resources that meet the respite need.

**If the consumer, family, or guardian request respite services in amounts above those indicated by the Assessment Guideline and/or agreed to by the service coordinator at a program plan meeting, there is a process for WRC to consider making an exception.** If a final agreement regarding the services and supports to be provided to the client cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the client or, when appropriate, the parents, legal guardian, conservator, or authorized representative or when agreed to by the planning team **(see Welfare and Institutions Code, sec. 4646, subd. (f))**. Additional program plan meetings may be held with the agreement of the regional center representative and the client or, where appropriate, the parents, legal guardian, conservator, or authorized representative. **At the subsequent program plan meeting(s),** decisions for additional respite hours will be considered by the Expanded Planning Team which may include the client, family member, assigned Service

Coordinator, Program Managers, Director and/or Assistant Director of Client Services, Autism and Behavior Specialist and other Clinical staff as needed.

If the client or, where appropriate, the parents, legal guardian, conservator, or authorized representative disagrees with the decision of the regional center representative or the expanded planning team **after the subsequent program plan meetings have occurred**, they will be informed of their appeal rights and may request a fair hearing **to resolve the dispute**.