



**Regional Center of the East Bay
Purchase of Service Policy #3420
Approved RCEB Board November 2022**

In Home Respite

Philosophy

Families providing constant care and supervision to family members with specialized care needs benefit from intermittent relief. Due to an individual's specialized care needs, families may have fewer resources available to them in the community and fewer resources through the assistance of other family members, friends and/or paid sitters for relief purposes.

Service Definition

Respite is intermittent relief for families from the constant care and supervision of their family member with a developmental disability who resides in the family home. Respite is provided by RCEB when the care needs of the individual are greater than those of a non-disabled person of the same age. Respite services provided in-home are designed to:

- A. Assist family members in supporting an individual to live in the family home;
- B. Provide appropriate care and supervision to protect the individual's health, safety and welfare in the absence of family members;
- C. Support family members in taking time for personal and other family needs when the individual's needs require a greater than usual amount of attention
- D. For children ages 0-3 in the Early Start program, we acknowledge the family's contribution to the care and wellbeing of their minor children. They are expected to provide the same kinds of care and supervision to them as they would for any of their other children. However, some families, because of their child's intensive needs, may require additional supports and services, such as respite, which will enable them to maintain that child in their home.
- E. Attend to the individual's basic self-care needs and other activities of daily living, including interaction, socialization, and continuation of daily routines which would otherwise be provided by family members.

Service Description

Respite may be provided through agencies vendorized through the regional center to provide respite with agency employees and through agencies that serve as the Employer of Record. Families can also utilize participant directed services for respite and have their respite worker paid through a Financial Management Service.

In-Home Respite describes the service provided within the family home during the day time and does not include overnight supervision. Please see out of home respite policy. For consumers with medical needs, use of a nurse may be required.

Board Policy

RCEB may provide respite to families when the individual's IPP/IFSP identifies care and supervision needs that are beyond what would be required by the family of a non-disabled person of the same age. Such needs may include, but are not limited to:

- Behavior challenges
- Medical needs
- Self-care needs
- Need for support in emergencies and with un expected events

Case managers can authorize 40 hours per month or 120 hours of respite per calendar quarter for those whose IPP/IFSP identifies the need for respite.

When a family has a need for respite over 40 hours a month or 120 hours per calendar quarter, it is considered an exceptional level of service requiring review at a Director level. If a family requests overnight respite in the family home, that is also an exception. Please refer to the section on exceptions.

Procedures

The case manager completes the following to purchase respite:

Consumer/Family Needs Assessment: The case manager reviews with the interdisciplinary team whether the individual's needs for care and supervision are greater than those of a non-disabled peer, and confirms that the individual resides in the family home. The case manager can share the respite work sheet with the family to assist in determining where the need for respite is in the family schedule.

Individuals with specialized medical care needs shall be evaluated for level of care needed by a RCEB nurse. In-home respite for consumers with specialized medical care needs shall be provided by an individual possessing the appropriate level of skill for the consumer's medical needs, according to California law.

The IFSP/IPP Planning Process: The Interdisciplinary Team, including the case manager and the family, determine the individual need for in-home respite. Determination of the amount, type of respite, and the frequency and duration shall be individualized, reflecting the uniqueness of each family, their strengths, resources and needs. When the need is exceptional, the case manager works with the family to request an exception to policy

Exceptions

The Planning Team may send a request for an exception to the Director or /Director's designee and an exception may be granted if it is demonstrated that the intensity of the individual's care and supervision needs are such that additional respite is necessary to maintain the individual in the family home, or that there are extraordinary circumstances that impacts the family's ability to meet the care

and supervision needs of the individual. This may also include a request for overnight respite in the family home. Such an exception to policy may initially be approved for a maximum of six months in duration. With an established need, these may be approved through the duration of the IPP/IFSP.

Exceptions Review Process:

1. In collaboration with the consumer/family, the case manager completes a consumer/family needs assessment of the need for exceptional level of respite. An assessment tool reflecting hours of need on a weekly/monthly basis is used.
2. A Natural Supports and Generic Resources Evaluation: All sources of relief through natural supports and generic resources (e.g. family, community programs, etc.) will have been fully explored by the case manager, utilized to the fullest extent, and shown to be insufficient to meet the family's need for intermittent breaks in the form of respite. RCEB will only consider services such as In-Home Supportive Services (IHSS) a generic resource when the approved services meet the respite need as identified in the Individual Program Plan (IPP) or Individual Family Service Plan (IFSP).

Understanding the challenges of accessing community resources, an exception may be granted while an individual or family is working to access generic resources.

3. The case manager in consultation with their supervisors submits the assessment, Purchase of Service Worksheet reflecting the additional respite requested and other collateral information for review to the identified directors designated by the Executive Director.
4. In order to allow for the planning team to reconvene within 15 days since an agreement could not be made at the initial planning team meeting, the exception will be decided on within 15 days unless an extension is agreed to by the consumer/family.
5. If the exception is granted, the case manager completes an addendum to the Individual Program Plan, notifies the consumer/family and obtains their consent/signature on the addendum.
6. If the exception is not granted, the case manager promptly informs the consumer/family that it has not been granted, informs the consumer of their appeal rights, and sends a notice of action and fair hearing form.
7. "The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed and the least costly available provider of comparable service, including the cost of transportation, who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The consumer shall not be required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports." Welf. & Inst. Code section 4648, subd. (a)(6)(D)

Authority:

Welfare and Institutions Code 4512(b), 4646, 4648(a)(8)

Approved by DDS 8/1/2023