



| <b>NBRC RESPITE WORKSHEET</b>   |  | Date:  | UCI:        |
|---|--|--|-------------|
| <p><i>Respite is one of an array of family support services that are provided to an individual with developmental disabilities and his or her family, and that contributes to the ability of the family to reside together. Respite provides "intermittent or regularly scheduled temporary non-medical care and supervision" to the family of a "regional center client who resides with a family member". Respite is a separate service from day care. (See Day Care procedure)</i></p> <p><i>Respite is designed to do all of the following: "(1) Assist family members in maintaining the client at home; (2) Provide appropriate care and supervision to ensure the client's safety in the absence of family members; (3) Relieve the family members from the constantly demanding responsibility of caring for the client, and (4) Attend to the client'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 family members." [W&amp;I Code, Section 4690.2(a)]</i></p> |  | <b>Client's Name:</b>  |             |
|   |  | <b>DOB:</b>  | <b>Age:</b> |
|   |  | <b>Current amount of respite authorized: (Current POS hours or NA if not receiving respite)</b>        |             |
|   |  | <b>Amount of respite assessed for or being requested:</b>  |             |
|   |  | <b>Additional temporary hours requested: (Or NA if hours do not exceed what they are assessed for)</b> |             |
|   |  | <b>SC:</b>   |             |

### PRELIMINARY CONSIDERATIONS

Is the client able to be at home unsupervised? YES  NO

**If yes:**

**Explain the respite need:**

**Explanation of Natural Supports:** Welfare and Institution Code Sections 4512, 4648 (a) (2); (non-paid) personal association and relationships typically developed in the community that enhance the quality of life for people, including but not limited to, family, friendships reflecting the diversity of the neighborhood/community; associations with fellow students or employees in regular classrooms & workplaces; and associations developed through participation in clubs/activities. **Discuss natural supports and document any breaks that the family receives from natural supports:**

Shared custody is considered a natural break. **If there is shared custody, document the parent's schedule:**

**Explanation of Generic Resources:** Welfare and Institution Code Sections 4659 (a) and (c); 4648 (a) (8); 4640.7 and 4644; services or supports provided by an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

**Number of Respite Hours** provided through private insurance:

**Number of Protective Supervision** (Hours awarded by IHSS to allow a person to remain at home safely while safeguarding against injury, hazard or accident) **Request a copy of the IHSS Notice of Action:**

Does the family have an IHSS protective supervision provider other than the parent? YES  NO

**If yes:**

How many hours does the IHSS protective supervision provider work per week?

If there are natural and generic supports/resources, is there still a respite need? YES  NO

**If yes explain and complete respite worksheet:**

# RESPIRE ASSESSMENT

Objectively evaluate the consumer using the following guidelines. Choose the most appropriate number under each heading. If the need is not best represented by any of the given options, consult your CMS and/or AD. Consumer's IPP & CDER should support your scoring selections:

**1. AGE OF CONSUMER(S)**

- 0 0 – 5 years
- 3 6 – 12 years
- 5 13 – 17 years
- 7 18 and over

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| Score |
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**2. SCHOOL / CHILD CARE / DAY PROGRAM ATTENDANCE:** Based on a typical schedule for clients over the age of 3.

- 0 More than 20 hours per week.
- 2 11 to 20 hours per week.
- 6 5 to 10 hours per week.
- 8 Chooses not to attend; home all day.
- 10 Unable to attend; home all day (home/hospital instruction up to 5 hrs/week)

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| Score |
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**3. MEDICAL NEEDS and Impact on Supervision or Care:** Medical issues that require regular treatment and/or follow up from a physician. A nursing assessment is required for clients requiring nursing tasks (*i.e.*, G-tube feeding, oxygen/nebulizer, complicated medications, etc.)

- 0 No health problems (stable with preventative and routine care).
  - 3 Minimal physical health problems (stable with or without ongoing medication).
  - 6 Complex medication administration.
  - 8 Seeks medical treatment more than 4 times per month.
  - 10 Moderate physical health problems (stable w/ ongoing medication and continuing follow up care).
  - 15 Major physical health problems (constant monitoring by health professionals).
- Explain need:**

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| Score |
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**4. MOTOR ABILITY:** Ability to walk, sit, need for wheelchair(s), walker, assistance or total care for transferring or positioning, as it impacts the level of supervision or care needs at home and in the community:

- 0 Independent with *no equipment* at home and in community w/ minimal care needs.
- 3 Independent *with equipment* at home or community w/minimal care needs.
- 6 Independent with *equip or chair(s)* at home or community w/moderate care needs.
- 10 Not independently mobile with equip/chairs at home or community; or needs constant care.
- 15 Not mobile, requires total care and lifting/repositioning regularly.

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| Score |
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**5. ACTIVITIES OF DAILY LIVING:** Client's level of self-sufficiency in dressing, bathing, continence, toileting, hygiene, eating/feeding as it impacts on level of supervision or care needs. (Compare with non-disabled peers in consumer's age group.)

- 0 Completely independent, no special care needed OR needs are typical for the client's age.
- 2 Can complete ADL's but requires reminders/prompting.
- 6 Requires some physical assistance.
- 10 Requires physical assistance/hand over hand.
- 15 Behaviors impact the ability to complete ADL's or requires an excessive amount of time on a daily basis; or requires total care.

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| Score |
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**6. SOCIAL NEEDS:** The extent to which client socially interacts with others in both individual and group situations as it impacts on level of supervision or care needs.

- NA Does not interact with others (medically fragile, etc.)
- 0 Plays well with others or parallel play.
- 2 Parent(s) provide consistent interaction to engage with others.
- 5 Difficulty interacting with others requiring close supervision.
- 8 Aggressive towards others and/or fragile, requires constant supervision for health and safety of self or others.

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| Score |
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**7. BEHAVIORAL NEEDS:** The extent to which client's emotional state, reactions, and behaviors interfere with daily functioning and require intervention as it impacts on level of supervision or care needs. (Disruptive social; aggressive, self-injurious, destruction & emotional outbursts)

- NA Does not have behaviors.
- 0 Behaviors are appropriate for age.
- 3 Behaviors are easily redirected most of the time.
- 9 Behaviors require frequent redirection and is not always successful.
- 15 Unresponsive to redirection; requires intervention and *close* supervision.

**Explain behaviors:**

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| Score |
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**8. COGNITIVE:** The extent to which client is able to use perceptual and conceptual skills which represent the foundation of learning experiences; *i.e.*, safety awareness (in and outside of home), judgment, and reasoning as it impacts on level of supervision or care needs.

- 0 Displays appropriate awareness and judgment for age.
- 2 Needs reminders around potential dangers.
- 6 Needs close supervision around potential dangers.
- 10 Needs constant supervision around potential dangers & lacks understanding of consequences of behaviors.
- 15 Needs constant supervision due to AWOL behaviors & lacks understanding of potential dangers.

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| Score |
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**9. COMMUNICATION:** The extent to which client is able to express and receive ideas by speech or non-verbal prompts, including sign language or communication aids, as it impacts on level of supervision and care needs.

- 0 Can communicate using expressive and receptive language skills.
- 2 Limited vocabulary and/or difficulties with word retrieval or understanding
- 3 Can communicate with communication aids or with ASL.
- 6 Only has either expressive OR receptive language.
- 7 Limited communication using gestures or facial expressions.
- 8 Uses echolalia or repetitive responses that prevent to and fro conversation.
- 10 Is unable to communicate verbal and non-verbally.

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| Score |
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**Total Respite Assessment Score:**

|                           |
|---------------------------|
| <b>Combined<br/>Score</b> |
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**Additional needs not addressed in the assessment:**

**SPECIAL CIRCUMSTANCES: Score 7 for any one in the first group; 5 for any one in the second group; and. Add only 2 points for each additional circumstance in the same group.**

Group 1 (Score 7 for one circumstance and 2 for any additional circumstances)

***Doctor's verification may be required***

- Single Parent, only one parent is available to provide care
- Caregiver experiences difficulty due to his/her own age
- Caregiver experiences difficulty due to his/her medical needs
- Caregiver is a regional center client
- Two parent family, both parents are developmentally disabled
- Multiple children with disabilities in the home needing respite OR sibling in EI

Group 2 (Score 5 for one circumstance and 2 for any additional circumstances)

- Birth or adoption of sibling within period of previous 6 months
- Health crisis of an extended family member
- Intermittent Single Parent due to deployment
- Intermittent Single Parent due to parent working out of the area for extensive periods of time
- Two parents family, one parent is developmentally disabled

Group 3

- Two parents with two or more children (**add two points**)
- One point** per sibling under the age of 15

|                           |
|---------------------------|
| <b>Combined<br/>Score</b> |
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**Complete if family currently has 1:1 respite or is requesting 1:1 respite**

**Justification for a One-Person Rate:** Applies if there is more than one consumer in the family that requires respite services. Indicate reason in IPP objective.

- Significant medical needs of one or more minor or adult siblings (#3 has a score of 15)
- Significant behaviors of one or more minor or adult siblings (#7 has a score of 15)

What attempts have been made to use a single provider and why was it unsuccessful?

# RESPITE ASSESSMENT SUMMARY SCORE SHEET

1. Total Respite Assessment Score
2. Total Special Circumstances Score

Score:  
Score:

**TOTAL SCORE:**

|                    |
|--------------------|
| <b>Total Score</b> |
|--------------------|

**Respite Hours Eligible For:**

| Check # that applies     | Score Range  | In-Home Respite       | Out of Home Respite (Day/Nights Per Fiscal Year) |
|--------------------------|--------------|-----------------------|--|
| <input type="checkbox"/> | 0-4 points   | Routine Supervision   | Routine Supervision                              |
| <input type="checkbox"/> | 5-12 points  | 25 hours per quarter  | Up to 5 day/nights                               |
| <input type="checkbox"/> | 13-26 points | 45 hours per quarter  | Up to 10 day/nights                              |
| <input type="checkbox"/> | 27-40 points | 65 hours per quarter  | Up to 15 day/nights                              |
| <input type="checkbox"/> | 41-54 points | 85 hours per quarter  | Up to 21 day/nights                              |
| <input type="checkbox"/> | 55-73 points | 105 hours per quarter | Up to 21 day/nights                              |
| <input type="checkbox"/> | 74+ points   | 125 hours per quarter | Up to 21 day/nights                              |

**(25 -65 hours per quarter can be written up to 3 years. Specialized Health Care and all others must be reviewed annually)**

**Family Preference:**

- In-Home Respite
- Out-of-Home Respite
- Combination of In-Home and Out-of-Home

Has the family been utilizing current respite hours? YES  NO

If no, explain:

FCPP%:                      Expires on:                      OR                      MediCal Confirmed on:                      (Date) Reference #:

The regional center may grant an exemption for the respite limits if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.

Caregivers may ask for a temporary increase in hours due to exceptional needs. All increases must be requested prior to being used.

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If you do not agree with your respite plan, you can contact your Service Coordinator (SC/EISC) to obtain information regarding a fair hearing.

Would you like a copy of the Respite Worksheet sent to you? YES  NO

Parent/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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

IF THE RESPITE WORKSHEET WAS COMPLETED BY TELEPHONE:

Parent/Legal Representative contacted by telephone: \_\_\_\_\_ Date: \_\_\_\_\_