

## 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 over age 8 and requires daily assistance with dressing, eating, grooming, toileting, meal preparation, and daily chores, etc. Individual is over age 4 and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all or 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 over age 4 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 over site and monitoring on a daily basis, (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 demonstrated 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 on a daily basis (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 is able to 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 in order 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.

## VII. 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 individual awarded hours from IHSS? Yes  How Many: \_\_\_\_ No
- Is family/ Individual receiving the special non-medical Board and Care SSI rate? Yes  No 
  - \* Rate paid to individuals living in their homes who require special assistance to remain in the home. Disqualifies an individual from receiving IHSS.
- Is family eligible for ECHO Military Benefit? Yes  How Much: \_\_\_\_ No

\* ECHO provides up to \$2500 per month for care of disabled active-duty family members, via Department of Veteran's Affairs. Must also be enrolled in EFMP.

[www.armytimes.com/benefits/health](http://www.armytimes.com/benefits/health)

► 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** \_\_\_\_\_

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

**VII. 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 \_\_\_\_\_ Number of IHSS protective supervision hours that meet respite need (reduce respite by 5% of the protective supervision hours).

Less \_\_\_\_\_ Special non-medical Board & Care SSI rate (reduce hours by 10% of assessed need)

Less \_\_\_\_\_ EPSDT respite support

Less \_\_\_\_\_ Other: (ECHO/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	Expanded Planning Team Determination**

**Out of home respite days:** In determining the number of out of home respite days for which a consumer qualifies, please note that 24 hours of respite equals 1 day of out of home respite. For out of home respite that is less than one full day, please use an hour per hour exchange.

\*\* The Expanded 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 in excess of 72 hrs/quarter of in-home respite services or 12 days/year of out-of-home respite services.