

Kern Regional Center Respite Care Policy

This Policy is the proactive measure of the repeal of the respite restrictions per Welfare and Institutions Code Section 4686.5.

Respite is the provision of intermittent or regularly scheduled temporary non-medical care and supervision to clients on an in-home and/or out-of-home basis. Respite may be provided in the client's own home or in a licensed facility. Respite is one of an array of support services that:

- Assists the family members to enable an individual with a developmental disability to stay at home;
- Provides appropriate care and supervision to protect that person's safety in the absence of a family member(s);
- Relieves family members from the constantly demanding responsibility of providing care;
- Attends to basic self-help needs and other activities of daily living that would ordinarily be performed by the family member;
- Meets emergency needs.

Respite is not intended to provide for all supervised care or unmet needs of the client/family; it is a supplement to the family's responsibility for care. Respite services can only be purchased when the care and/or supervision needs of a child or adult with a developmental disability exceed that of an individual of the same chronological age without a developmental disability. In-Home Respite Services are provided in the client's home. Out-of-Home Respite Services are provided in licensed settings. Respite is not daycare and is not to be used while parents are working or are engaged in educational activities leading to work.

Family members may select a vendored Kern Regional Center respite agency, a vendored Financial Management Service (FMS) or Employer of Record (EOR) service to provide respite. With an FMS/EOR, the family selects an individual who is at least 18 years of age, and who possesses the skill, training, or education necessary to provide the respite. The FMS/EOR is responsible to pay the selected individual and abide by all labor laws.

For purposes of this policy, "family member" means an individual who:

- Has a client residing with him/her;
- Is responsible for the 24 hour care and supervision of the client;
- Is NOT a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and

supervision provided. Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.

Respite care to minors is subject to Family Cost Participation Program requirements per W&I Code Section 4783.

An individual with medical needs may require a trained health professional (LVN or RN) for specialized care and supervision. Use of an LVN or RN to provide respite service is not to be confused with the need for in-home nursing service [W & I Code 4686(a)].

Prior to Regional Center funding the following must be taken into consideration:

- Natural Supports: W & I Code 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 classroom & workplaces; and association developed through participation in clubs/activities.
- Generic Resources: W & I Code 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. The regional center will only consider services such as In Home Supportive Services a generic resource when the approved services meet the respite need as identified in the consumer's individual program plan or individualized family service plan.
- KRC may provide interim respite pending IHSS approval/denial.

When determining the need for respite, Kern Regional Center will use a comprehensive respite needs assessment process. A respite authorization will be issued as agreed upon by the client/family and Kern Regional Center. Unused authorized hours can be rolled or banked monthly throughout the fiscal year.

Kern Regional Center may grant an exception if it is demonstrated that the intensity of the client's care and supervision needs are such that additional respite is necessary to maintain the individual 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 client. All exceptions including the request for a temporary increase in hours above what is currently authorized will require a review by a Kern Regional Center Interdisciplinary Team. The

criteria for exceptions may include any threat to client health and safety or a catastrophic life changing event. (May include the risk of a client being displaced). This review process will involve a case consultation with the assigned Service Coordinator and a Kern Regional Center Interdisciplinary Team. Once the exception is granted the Service Coordinator will contact the client/family and schedule a meeting to discuss and amend the Individual Program Plan. If necessary, the Executive Director or the designee upon consultation may grant an exception.

A reassessment of a family's respite need should be conducted whenever significant changes occur in the client's skills or functioning level, family dynamics, or as alternative respite resources are identified, at the time of Annual Review/IPP meeting or at the request of the client/family.