

**KERN REGIONAL CENTER
FAMILY RESPITE
NEEDS ASSESSMENT GUIDELINE**

**To be completed by the Service Coordinator in consultation with the Client family
(for internal use only)**

DATE _____ Request is for: New/Initial Annual Change (increase/decrease) Additional hrs (Time Limited)

CLIENT NAME _____ UCI _____

DOB _____ AGE _____ SC _____

Number of hours requested by family: _____ Current Hours Authorized: _____

- Number of siblings/others in the home receiving respite?

 ○ Current hours Authorized: _____ FCPP eligible? _____

Diagnosis: Mild ID Moderate ID Severe ID Profound ID Autism CP Seizure

Other _____

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 a client 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 residential 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 a client 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).

NOTE: *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.*

I. ADAPTIVE SKILLS

- 0 Client's needs do not exceed that of a person of the same chronological age without developmental disabilities.
- 2 Client requires daily supervision and verbal prompts with dressing, eating, grooming, toileting, etc.
- 5 Client requires **occasional physical prompts** with dressing, eating, grooming, toileting, etc.
- 7 Client requires **complete physical assistance and is able to cooperate with helpful movements** during dressing, eating, grooming, toileting, etc.
- 10 Client requires total care and is not capable of self-care in any activity of daily living.

II. SAFETY AWARENESS SKILLS

- 0 Client does not require supervision to prevent injury/harm.
- 6 Client requires someone nearby during waking hours to prevent injury or harm in public settings.
- 9 Client requires someone nearby during waking hours to prevent injury/harm in all settings.
- 12 Client is non-ambulatory and requires constant supervision during waking hours.
- 15 Client requires supervision during sleeping hours to prevent injury/harm due to sleep irregularities, behavioral

challenges, and/or high level of health care needs.

III. MOBILITY

- 0 Client is mobile.
- 2 Client is mobile but may need some help or adaptive equipment (e.g. walks with a walker independently, walks with crutches/braces, seizure disorder etc.).
- 3 Client uses a wheelchair independently, is able to transfer independently, able to get on and off toilet and/or in and out of bed, etc.
- 4 Client 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.).
- 6 Client is immobile (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment, etc.).

IV. DAY PROGRAM

- 1 Client attends school, day or after school program more than 30 hours per week, or the client is able to attend an appropriate day program or school program, but the client/family chooses not to attend/participate.
- 2 Client currently attends school, day or after school program more than 30 hours per week, however, caregiver(s) are at work while client attends school, day or after school program.
- 3 Client attends school, day or after school program 15 to 29 hours per week.
- 4 Client attends school, day or after school program less than 15 hours per week.
- 5 Client has been suspended/expelled from school and has no homeschooling program. There is no school or day program available which can meet the client's needs.

V. MEDICAL NEEDS

- 0 Client has no health problems outside of routine care (e.g. vitamins, allergies, shots, etc.).
- 3 Client 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.)
- 4 Client has health problems or conditions requiring medical appointments 1 to 2 times per month.
- 6 Client has frequent illnesses or a condition requiring medical appointments 3 or 4 times per month or general oversight and monitoring on a daily basis, (e.g. preparation of special diet, apnea monitor used as a precautionary measure, frequent turning, etc.). Explanation required:
- 7 Client 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.). ** To score a value of 7 on this section the family must demonstrate active participation in the care of the client and follow-up on medical appointments. Explanation required: _____

VI. BEHAVIORAL NEEDS

- 0 Client engages in behaviors that are typical for a person of the same chronological age.

- 3 Client engages in some behavioral excesses such as resistiveness to changes, environments, or situations; hyperactivity; inappropriate community behaviors; aggression towards others (no physical injury), minor destruction of property, self-injurious behavior (no injury), and/or eloping no more than **twice per month**
- 6 Client engages in aggression towards others (not causing significant harm), minor destruction of property, self-injurious behavior (no medical attention needed), and/or eloping on a **weekly** basis
- 9 Client engages in aggression towards others (no injury); minor destruction of property; self-injurious behavior (no injury); eloping; and/or extreme resistiveness, hyperactivity, and/or inappropriate community behavior on a **daily** basis
- 12 Client engages in *either*
 - a. 2 of the following on a **weekly** basis: aggression towards others (potentially or successfully causing harm), major destruction of property, self-injurious behavior (causing injury), and/or eloping; *OR*
 - b. 1 of the following on a **daily** basis: aggression towards others (potentially or successfully causing injury), major destruction of property, self-injurious behavior (causing injury), and/or eloping
- 15 Client engages in at least 2 of the following on a **daily** basis: aggression towards others (potentially or successfully causing harm), major destruction of property, self-injurious behavior (causing injury), and/or eloping. Client must be actively involved in a behavioral management program, or otherwise receiving treatment, to address these listed behaviors. Explanation required:

VII. FAMILY SITUATION

- 1 Client is a member of a **two-parent** family.
- 3 Client is a member of a **one-parent** family/or lives with extended family.
- 4 Client is a member of a **two-parent** family and one parent has a developmental disability.
- 7 Client is a member of a **two-parent** family and both parents have a developmental disability, or primary caregiver is in treatment for acute psychiatric care or has serious health complications.
- 9 Client is a member of a **one-parent** family and parent has a developmental disability, or primary caregiver is in treatment for acute psychiatric care or has serious health complications.

Other Considerations – Any Changes or Additional Hour Requests require SC comment:

“Is there anything else you would like Kern Regional Center to consider when reviewing this request?” (e.g. activities of other children, health concerns, hobbies)

FAMILY RESPITE NEEDS ASSESSMENT SUMMARY SHEET

Values from Guideline

- 1. ADAPTIVE SKILLS
- 2. SAFETY AWARENESS
- 3. MOBILITY
- 4. DAY PROGRAM/AFTER SCHOOL PROGRAM ATTENDANCE
- 5. MEDICAL NEEDS (A value of 6-7 requires an explanation of need)
- 6. BEHAVIORAL NEEDS (A value of 12-15 requires an explanation of need)
- 7. FAMILY SITUATION

TOTAL VALUE:

Other Generic Resources for Consideration:

Number of county funded respite hours or assistance with daycare

Number of hours awarded by IHSS

Is family/Client receiving SSI? Yes No Monthly amount received?

Is family/Client eligible for EPSDT support? Yes No

Is family eligible for ECHO Military Benefit? Yes No

Is family eligible for Exceptional Family Member Program (EFMP) Military Benefits? Yes No

Is Client eligible for Nursing Facility (NF) Waiver? Yes No

Hourly Rate Respite:

18-21 points	10 hours per month
22-25 points	15 hours per month
26-29 points	20 hours per month
30-33 points	25 hours per month
34-37 points	30 hours per month
38-41 points	35 hours per month
42-45 points	40 hours per month
46-49 points	45 hours per month
50+ points	50+ hours per month

TOTAL HOURS APPROVED:

Director of Client Services

Date

Service Coordinator

Date

Program Manager

Date