Alta California
Regional Center

Procedures Manual

In-Home Respite Services Service Code 862

Definitions

In-Home Respite Service: In-Home Respite services offer intermittent or regularly scheduled ***temporary*** non-medical care and supervision necessary to provide parents with relief from the stress of caring for a family member with a care need that exceeds the normal care for a child or adult of the same age. Non-medical care may include routine care for conditions that are not required to be performed by a licensed medical professional such as Epinephrine-Pens (Epi-Pen), Nebulizers, and anti-seizure medication.

A 4731 Complaint has been submitted about Epinephrine-Pens (Epi-Pen), Nebulizers, and anti-seizure medications referencing the "Settlement Agreement between the United States of America vs. OC Kids Infant and Preschool Under the Americans with Disabilities Act" in which a determination was made that refusing services to individuals with Epi-Pens, Nebulizers, and seizure medications is a violation of the Title III Americans with Disabilities Act (ADA), and of the Title II of ADA (for State and local governments).

Effective immediately, all respite agencies and employer of records Financial Management Service must comply with the California Health and Safety Code section 1799.103 that prohibits employers from adopting or enforcing a policy prohibiting any employee/lay-person from voluntarily providing emergency medical services such as CPR or administration of emergency rescue medications in response to a medical emergency.

This also clarifies that administration of emergency rescue medications such as Epinephrine-Pen (Epi-Pen) injections, Nebulizers, and anti-seizure medications, are not medical in nature and does not require the client to qualify for and receive nursing or incidental medical services respite in lieu of regular in-home respite.

If employees/lay-person of a respite agency agree to volunteer to provide emergency rescue medications to a regional center client when needed, and the planning team agrees, ACRC may fund training to those volunteers to administer the emergency rescue medications mentioned above.

In-Home Respite services are designed to do all 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 family members from the on-going responsibility of caring for the client.
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 within the home which
would ordinarily be performed by the family members.

5. Comply with Title II and Title III of the ADA (Americans with Disabilities Act) for the administration of emergency rescue medications such as Epinephrine-Pen (Epi-Pen), Nebulizers, and anti-seizure medications, as per consumer needs.

In-Home Respite can be provided through an In-Home Respite Agency, Employer of Record (EOR) or paid out through a Financial Management Services (FMS agency).

Types of In-Home Respite:

Employer of Record (EOR) Respite (Service Code 862): An agency is vendored for EOR respite services to function as an employer of record for the respite provider. They are responsible for completing a background check, and fund training for the provider to complete CPR and First Aid. The EOR agency is responsible for hiring the respite provider as an employee assuming employer taxes and liabilities, which relieves the family of these responsibilities.

In-Home Respite Agency (Service Code 862): The agency is vendored to provide in-home respite services. The agency trains the respite provider and is responsible for employee and employer taxes and liabilities. Respite providers are responsible for maintaining CPR and First Aid. There are two types of agency vendored respite:

- **Non-Medical** – An agency that is vendored with ACRC to provide non-medical in-home respite care.
- **In-Home Respite Incidental Medical Services (IMS) - services that can be provided by an in-home respite provider who is not licensed. Services may include the following:**
  - Colostomy and ileostomy: changing bags and cleaning stoma.
  - Urinary catheter: emptying and changing bags and care of catheter site.
  - Gastrostomy: feeding, hydration, cleaning stoma, and adding medication per physician's or nurse practitioner's orders for the routine medication of patients with stable conditions.
  - Administration of emergency rescue medications, including Epinephrine-Pen (Epi-Pen), Nebulizers, and anti-seizure medication.

***Note In-Home Respite Services for the Medically Fragile** – These services are offered by some vendored Home Health Agencies and will need to be staffed at the Family Support & Services Committee (FSSC). Please refer to *In-Home Respite for the Medically Fragile* procedure in Policy Manager.

Participant Directed Services under The Financial Management Service Fiscal/Employer Agent (FMS F/EA - 490) (Service Codes 465 and 490)
(formerly Parent Vendored Respite): FMS allows the family to choose their own respite provider and is the responsible employer. ***Note: This model requires the family to become vendored under service Code 465 and participate in a training at the Regional Center. The family will need their own EIN number and will have increased paperwork to complete directly with the FMS agency.***

Participant Directed Services under The Financial Management Service Co-Employer (FMS Co-Employer - 491) (Service Codes 465 and 491) is the vendored entity that functions with the Co-Employer (Parent) to hire an employee pursuant to the Co-Employer's (Parent) recommendation and pays the employee to perform the Participant-Directed Services.

Note: This model requires the family to become vendored under service Code 465. The respite worker will complete an employment application with the selected FMS agency.

Mileage Reimbursement: Vendors are reimbursed for the miles driven by their agency employees incurred while providing service for the agency. In the case of in-home respite, ACRC reimburses the in-home respite agency for respite worker travel costs for private vehicle travel that is required for the respite worker to travel to and from, and between, respite sites.

- **Mileage Reimbursement** (Service Code 105): Miles driven by the employee of the agency from the starting point (vendor's office or staff member's home) to the service.
  site; as well as mileage from service site to service site and the return mileage to the starting point. The In-Home Respite worker travel costs are reimbursed at the minimum state of California travel reimbursement rates for state employees.
- **Transportation-Additional Component** (Service Code 880): Only available to In-home respite agencies that have a signed contract for the service. The cost of transporting client during service provision by employees of the primary service agency to access. local opportunities as appropriate. This will not be appropriate for all clients.

Generic Resources/Natural Resources

Regional Center (RC) funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all members of the public and is receiving funds for providing those services. Service Coordinator (SC) must rule out family or client eligibility for generic resources such as In-Home Supportive Services (IHSS), Early Periodic Screening Diagnosis and Treatment (EPSDT); Nursing Waiver (NF)/HCBS Waiver; and crisis nurseries; or natural supports. Natural Supports such as family members including blended and extended families, babysitters, alternative childcare options (e.g., parent co-operatives), and/or assistance from church. As defined in Lanterman WIC 4512 (e) ''Natural supports'' means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

Military families may be eligible for "Military Family Services." For clients under the age of 18 and living on a U.S. military base, childcare is available through the Family Services Office located on every military base. This includes routine, intermittent and emergency care.

Least Costly Service

ACRC will purchase services from the least costly service provider that can meet the client's needs. Determination of least costly provider will include:

- Provider rates (EOR Respite rates are lower than In-Home Respite Agency rates)
- Comparable services
- Cost of transportation (Includes mileage reimbursement for In-Home Respite Agency)
- Medicaid Waiver eligibility
- Geographic area of residence

The client will not be required to use the least costly option if that option results in a more restrictive living arrangement or a less integrated service setting.

Key Considerations for Services

1. There must be the presence of a care need that exceeds that required for typically developing peers.
2. The purpose of respite is not to provide social or recreation activities, but may provide clients with access to local opportunities that are approved by the Planning Team.
3. Respite is a separate service from day care.
4. In-home respite must be provided to the client within the family residence, unless previously approved by the Planning Team. In-home respite services provided outside of the home should be limited to the client's local community.

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~~Family Cost Participation Plan (FCPP) – when respite or day care services are purchased for a minor child not eligible for Medi-Cal benefits, state law requires the Service Coordinator (SC) to assess for the FCPP (unless otherwise suspended). You may wish to consult with the Federal Programs Unit regarding the institutional deeming provisions of Medi-Cal. Children eligible for Medi-Cal are not subject to FCPP.~~

5. Siblings and any other members of the household do not qualify to receive respite services funded by ACRC unless they are also Regional Center clients and respite has been designated in the client's IPP.
6. Adult family members, or adult siblings who reside in the family home are permitted to act as the in-home respite provider (excludes parents/caregivers) so long as they are not considered a primary caregiver or act as a natural support. If utilized, this option should be clearly documented in the IPP.
7. For multiple clients in the same family receiving respite simultaneously from one provider, The service provider will be paid an incremental increase for each client in addition to the first client. The SC will write the authorization based on how many clients are being provided the service at the same time and what the total hours are authorized.
8. When the Planning Team has identified Agency In-Home Respite services as the preferred type of respite, mileage reimbursement costs must be considered in evaluating the least costly service.

Special Note: *When a client is receiving respite services independent of other clients in the family, a separate purchase authorization is required for that client at the single-client rate.*

Families requesting supervision for non-client siblings is not an ACRC funded or monitored service. Families may not be able to receive supervision for non-client siblings depending upon the Agency's policy and the supervision needs of the client.

Amount of Service

The number of hours authorized will be determined in the Planning Team process and cannot exceed 120 per quarter, based on a calendar year (Jan.-March; April-June; July-Sept.; Oct.- Dec.) unless criteria for an exception (outlined below) are met. Requests for more than 120 hours per quarter of in-home respite, requires the SC to specifically review ACRC's exemption criteria (below) and determine whether the client meets the grounds for an exemption to that cap. At this point, the SC will review with their CSM and AD to discuss next steps.

The duration of the authorization should run no longer than the end of the month past the client's birth

month. The allocation of respite hours is made on a use-or-lose basis for each calendar quarter. Authorizations for increases in respite hours due to temporary changes in circumstances may be requested with an identified date to return to the pre-existing level of service, not to extend beyond the end date of the next full quarter.

The assessed need is determined by reviewing factors that include:

- self-care skills [activities of daily living (ADL)]
- medical needs
- behavior excesses
- family dynamics
- availability of natural and generic supports
- client's daily schedule; use the *Client Services Assessment Tool* in Policy Manager to calculate the number of hours of:
  - generic resources (i.e., IHSS, EPSDT, NF Waiver, etc.)
  - other ACRC funded services
  - hours of sleep
  - education/day service activities

# of hours per quarter	**Criteria to Assess Need**
Up to 48 hours	• There is documented evidence of significant disruption to the family caused by the care required by the client. • There is only one caregiver with limited family or social support. • The client does not require licensed nursing care but may receive incidental medical services via current Health Care Plan (HCP). HCP's must be reviewed and approved by a Physician at least on an annual basis. All training on the HCP must be provided by a physician or RN. • The client is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness, or disability.
Up to 90 Hours	• Persons with medical or physical care needs or functioning deficits such as use of special equipment, non-ambulatory individuals with limited transfer skills, persons with uncontrolled seizures, persons who require care in such areas as feeding or toileting.
Up to 120 Hours	• Clients who require 24-hour care around-the-clock by family members due to a medical problem (such as tracheostomy, continuous mechanical ventilation, or other major medical condition that requires LVN or skilled nursing care) may receive from 91 or 120 hours of in-home respite per quarter paid by ACRC, but that service would need to be funded through a home health agency who is able to provide the required licensed provider for the level of care needed. If a family is receiving 16 hours per day or more through Medi-Cal, EPSDT Nursing Waiver, private insurance, or another source, ACRC nay not pay for additional respite hours. • The client requires total care due to physical limitation or medical needs. • The client is exhibiting severe challenging behaviors constituting a danger to

	compromised by severe medical or emotional problems. • There are 2 or more ACRC clients residing in the home. • The client's medical care needs interfere with the sleep of the primary. caregiver.
Exceptions:	An exception may be approved by staffing the request at the Family Services and Supports Committee (FSSC) if it is demonstrated that the client's care and supervision needs are such that additional respite is necessary to maintain the client in the home, or there is an extraordinary event that impacts the family. member's ability to meet the care and supervision needs of the client. The exception is time limited. **An "Extraordinary Event" includes, but are not limited to the following examples:** • **Death of a caregiver or close family member.** • **Serious illness of caregiver or close family member.** • **Incapacitation or long-term absence of caregiver/family member.** • **The client experiences a behavioral or medical emergency.** • **A catastrophic occurrence such as fire, flood, earthquake or epidemic.**

Initiation of Services *Special Notes:*

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~~*In-Home Respite is provided in accordance with the FCPP for families that meet the criteria. See the FCPP procedure in Policy Manager for more information.*~~

1. *For in-home respite of medically fragile clients, please refer to the procedure titled **Respite for the Medically Fragile** as this type of respite requires staffing with the FSSC.*
2. *For clients needing in-home agency respite Incidental medical Services (IMS), the Service Coordinator will be required to staff the request with the Family Services & Supports Committee (FSSC) before writing a purchase.*
34. *The cost of In-Home Respite Agencies includes the cost of the service **plus** mileage reimbursement. Planning Teams should discuss the cost effectiveness of this option when determining the type of respite that will meet the assessed need.*

EOR Respite:

1. The SC meets with the Planning Team (PT) to establish the need for respite and includes this objective in the IPP.
2. The PT determines the number of respite hours that will meet the client/family need.
3. The client's family member chooses a respite provider.
4. SC refers the respite provider to the EOR agency using the agency's referral form.
5. EOR agency notifies the SC when the respite provider is hired and ready for a POS.
6. SC submits a POS to their Supervisor for the number of respite hours determined at the IPP meeting.

Agency Respite:

For non-medical agency respite*:

1. The SC meets with the Planning Team (PT) to establish the need for respite and

includes this objective in the IPP.

2. SC will provide the family with the names of Respite Agency vendors that could meet their needs.

3. The PT shall identify the agency to be used (the family may choose to contact each of the agencies to find an agency they are comfortable with).
4. The PT shall assess and identify the number of respite hours to be authorized per quarter.
5. The SC will make a referral to the identified in-home respite agency. At this time, if the vendor states that they can serve the client prior to the two-week POS timeline, the SC and the agency will agree to a start date and the SC will submit a purchase of service (POS) for the authorized hours. SC will inform the client/family of the identified start date.

Based on the number of authorized respite hours, where the family lives, and available staff resources with the Respite Agency, the Respite Agency initially identifies the number of miles anticipated to serve the client.

- It is considered unreasonable if the cost of mileage reimbursement exceeds the cost of the Respite Agency service.
  - Vendor is responsible for verifying round trip mileage for the worker.
  - Calculate mileage by #miles X current mileage rate. For 2017, the current for Service Code 880 for respite services is .575.
    - Example: 1200 miles/quarter X .575 = $690.00 for mileage
    - If the respite is allocated at 48 hours/quarter at $20.06/hour = $962.88 per quarter. The mileage cost does not exceed the cost of the service.
  - For new purchases, the rate information can be found on the rate table for the vendor.
  - For ongoing purchase, the costs for respite are pre-calculated in the Control Record in “Non-Standard” Header.
- If mileage requested exceeds the cost of the actual service, the SC should:
  - Have further discussion with the vendor to determine if an employee is available in closer proximity to where the family resides, and if not, what plan there is to hire someone who is.
  - Have further discussion with the family about how they utilize the respite hours to reduce the number of visits per quarter.
  - If after discussion, the cost of mileage reimbursement still exceeds the cost of the Respite Agency service, the SC will need to schedule a staffing with the Family Services and Supports Committee (FSSC) for review.

6. <u>Mileage under service code 880</u> is authorized on a case-by-case basis
   - The planning team should review the request, assess the need, and determine if it is appropriate for the client. If found appropriate the planning team will identify specific activities and propose mileage allotment. The Service Coordinator will verify that the mileage request falls within the parameters described below. If determined appropriate the Service Coordinator will staff the request with the Family Services and Supports Committee (FSSC).
     - The Service Coordinator and planning team should determine how this service should be utilized and detail the specifics in the IPP/Addendum
       - Authorized use of service code 880 transportation is only for **local** opportunities that assist in maintaining the client in the usual routine.
       - Local opportunities/activities would not include travel outside of the client’s community, such as a client living in Sacramento traveling to Apple Hill.
       - Travel cannot occur outside of ACRC’s catchment area.
       - Service code 880 cannot be utilized for transporting the client to medical appointments.

- Service code 880 Mileage should not exceed the cost of the service.
  - Mileage should be determined based upon approved local opportunities.

***For Incidental Medical Services (IMS) Respite, staff at Family Services and Supports Committee (FSSC), follow the same steps as above, and include the completion of the* **Individualized Health Care Plan** *(See Individualized Health Care Plan (HCP) for Children and*

Adults Procedure for instructions). ACRC is required to ensure a **nursing assessment** of the client and the home has been completed prior to initiating a POS [WIC 4686(g)].

For medical agency In-Home Respite (Intermittent Licensed Nursing Care):

1. ACRC may provide nursing respite when the client's needs require RN, LVN or CNA level care and if client does not qualify for Medi-Cal funded nursing support (EPSDT/NF Waiver).
2. The SC meets with the Planning Team to establish the need for this level of in-home respite. Including assessing and identifying the number of respite hours they would like to be authorized per quarter.
3. The SC will staff the request for in-home medical services through a Home Health agency with the FSSC.
4. If the FSSC concurs with the request the SC will provide the family with the names of the Home Health agency vendors given by the committee that could meet their needs. 5. The Planning Team shall identify the agency to be used (the family may choose to contact each of the agencies to find one they are comfortable with).
6. The Planning Team shall agree on a start date for the service to begin in accordance with ACRC POS timeline
7. The SC will include this objective in the current IPP

FMS F/EA (Service Code 490) for Respite (see *FMS Services Procedure* in Policy Manager)

1. The SC meets with the Planning Team to establish the need for respite and includes this objective in the IPP.
2. The SC staffs the case at the Family Services and Supports Committee (FSCC) to review the selection of the FMS F/EA model of service delivery.
3. The SC completes the Vendor Request Process [see CSS Electronic Service Request (formerly_592_) in Policy Manager], which includes the name of the parent/guardian as the proposed vendor.
4. Under the FMS-FEA service code 490, the parent/guardian will be required to complete a training session with the Community Services & Supports (CSS) department. The CSS department will schedule the training with the family as part of the vendorization process.
5. Upon confirmation that the vendor request has been authorized, the SC submits a completed referral packet to the FMS agency; the referral form can be found in Policy Manager. Note: Mains'l (Vendor #: PA1749) is the only provider vendored for this model of service delivery.
6. The FMS agency will send the vendored parent/guardian a packet to complete and return.
7. The CSS Specialist will contact the SC once the Vendorization process is complete.
8. Once notified by CSS, SC will submit a POS for In-home Respite (Service Code 465), under the FMS service code 490.

9. The FMS agency fee will be added by ACRC Accounting at the initiation of service.

Please note: For services to begin in a timely manner, the family must complete and return all required forms to the CSS department for vendorization and the FMS agency for payroll. ***No authorization shall be granted prior to the date of vendorization.***

FMS Co-Employer (Service Code 491) for Respite (see *FMS Services Procedure* in Policy Manager)

1. The SC meets with the Planning Team to establish the need for respite and includes this objective in the IPP.
2. The SC staffs the case at the Family Services and Supports Committee (FSCC) to review the selection of the FMS model of service delivery.
3. The SC completes the Vendor Request Process [see *CSS Electronic Service Request* in Policy Manager], which includes the name of the parent/guardian as the proposed vendor
4. The planning team selects the preferred FMS agency with consideration of FMS agency costs based on the number of services provided.
5. Upon confirmation that the vendor request has been authorized, the SC submits a completed referral packet to the selected FMS agency; each vendor has their own referral form in Policy Manager.
6. The FMS agency will send the identified respite worker a packet to complete and return.
7. Once notified by CSS that the parent vendorization is complete, SC will submit a POS for In-home Respite Service Code 465), under the FMS service code 491.
8. The FMS agency fee will be added by ACRC Accounting at the initiation of service.

Please note: For services to begin in a timely manner, the respite worker must complete and return all required forms to the FMS agency for payroll. ***No authorization shall be granted prior to the date of vendorization.***

Evaluation of Service Effectiveness

The SC will review and document the effectiveness of current respite services with the client and family member(s). This review will include justification for continued respite based on client need which includes:

- A review of authorized versus utilized hours.
- Review of current needs and the availability of resources/services and supports that have become available.
- The cost of services utilizing an In-Home Respite Agency includes the cost of the service plus mileage reimbursement. Planning Teams should discuss the cost effectiveness of this option when evaluating service effectiveness and consideration for renewal of the type of respite that will meet the assessed need. Based on the number of authorized respite hours, where the family lives, and available staff resources with the In-Home Respite Agency, the chosen Agency identifies the number of miles anticipated to serve the client.
- It is considered unreasonable if the cost of mileage reimbursement exceeds the cost of the Respite Agency service. If this occurs, the SC should:
- Have further discussion with the vendor to determine if an employee is available in closer proximity to where the family resides, and if not, what plan there is to hire someone who is.
- Have further discussion with the family about how they utilize the

respite hours to reduce the number of visits per quarter.

Special Note: *If POS request exceeds 120 hours per quarter or the cost of mileage reimbursement exceeds the cost of In-Home Respite Agency service; the SC will need to schedule a staffing with the Family Services and Supports Committee (FSSC) for review.*

Technical Support

All services provided by ACRC vendors must comply with approved standards of care and treatment and be within the scope of the approved program design and intended parameters of the service code. Any issues or questions arising related to these standards, or deviations from the intended use of the service shall be referred to the CSS Department for a Quality Assurance (QA) review and technical assistance.

Termination of Service

Upon termination of the need for respite, the SC shall cancel all respite POS authorizations. ***Special Note:*** *The misuse of FMS for respite will result in the service being converted to EOR or Agency Respite.*

Termination of respite services may occur when any of the following are present:

1. There are significant health and safety concerns
2. No utilization of respite hours occur over two consecutive quarters
3. Assessment of need has changed; or
4. Client/family choice.

Authority

Welfare and Institution Code (WIC): 4512 (b) (e) (f); 4648(a)(6) (D); 4659 (d) (1) (A) (B) and (C); 4685(c)(1) and (3); 4690.2

Title 17: 56776-56802; *50604(d)(3)(E), 54355(i), 58130, 58543(a), 58883, 58884, 58886-58888* Title 22, §§80092.1 and 80092.2.

Additional Resources

http://www.altaregional.org/

http://www.dds.ca.gov/Statutes/GovernmentCode.cfm

In-Home Respite Service Standards Revised on 3/23/24.