



Procedures Manual

Out-of-Home Respite (OHR) Services Procedure

Definition

Out-of-Home Respite Services (OHR): Out-of-Home Respite Services offer intermittent or regularly scheduled *temporary* care and supervision in a location other than the family home, to provide family members with relief from the stress of caring for a family member with a care need that exceeds the typical care for a child or adult of the same age. OHR must be provided in a setting that is licensed by Community Care Licensing (CCL) and/or certified as a Family Home Agency (FHA) and vendored by Alta California Regional Center (ACRC) that offers a level of care commensurate with the client's needs.

Out-of-Home Respite services are 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 family members from the responsibility of caring for the client.
4. Provide for 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 the family members.

Aggressive Behavior Statement: The Aggressive Behavior Statement is a one page form, located in Policy Manager that is used to document all known behaviors and/or criminal history. This form is used to provide needed information to the provider in support of the client. The Service Coordinator completes this form and includes it with referrals.

Individualized Health Care Plan (HCP): An HCP is a document that is completed to communicate necessary information for providers in supporting clients with health care needs. The form is completed by the client's physician and documents known medical conditions, treatments and/or medications prescribed along with emergency contacts and additional information. Providers will be required to receive training on implementation of the HCP by authorized medical personnel. SC's are responsible for arranging assessment and training per the HCP procedure.

Living Options Committee (LOC): This committee is a resource where Service Coordinators (SC) can receive placement option information.

BATES Committee: This committee is a resource where SC's can receive placement option information for children with special health care needs. Placement in a BATES home requires committee approval.

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 general public and is receiving funds for providing those services. Service Coordinator (SC) must consider natural supports. Natural Supports such as family members including blended and extended families, babysitters, alternative child care 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.

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
- Comparable services
- Cost of transportation
- 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 an assessed need as identified by the Planning Team (PT).
2. Location
3. Level of care

Amount of Service

A client who lives with family is eligible for OHR for up to 21 days per fiscal year (After 21 consecutive days of respite, the cost exceeds the monthly cost of a residential placement. At that time OHR shall be converted to a residential placement). The purchase of OHR is calculated on the basis of nights spent at the authorized location, and not on any other calculation formula; for example the client arrives on Friday night and stays through Sunday morning, the purchase would be submitted for two nights, with the end date of Sunday's date.

EXCEPTIONS:

An exception may be approved by staffing the request at the Living Options Committee (LOC) 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 – OHR Checklist available in Out of Home Respite (OHR) Packet in Policy Manager

1. SC meets with the Planning Team (PT) to establish the need for OHR and includes this objective in the IPP.
2. SC completes the Client Residential Services Profile (CRSP) in Policy Manager as a tool to assist the SC to determine the appropriate level of care.
3. SC will staff the request with their Manager to determine placement options. If, following that discussion, the Manager decides that the request should be staffed with:
 - a. **The Living Options Committee (LOC)** - the SC will schedule a staffing with the LOC for resource exploration.
 - i. If the client is being placed in a newly developed residential facility (vendored within the past 12 months), SC will schedule a staffing with LOC.
 - b. **BATES Committee**-If the client is being placed in a BATES home, SC will send a referral to the BATES Committee email box and await their response for each request.
4. SC identifies the appropriate residential service vacancies based on either LOC or BATES Committee recommendations, Vacancy List Selection in SANDIS (Vacs), or consultation with Manager.
5. SC contacts the Facility Liaison **PRIOR** to making contact with the identified vendored Residential Facility(s) to assess compatibility.
 - a. Client/family may choose to tour identified locations.
6. Upon identification and planning team agreement of an appropriate OHR option SC notifies the assigned Facility Liaison of scheduled OHR dates.
7. SC will complete the OHR packet located in Policy Manager and any supplemental forms as needed (Aggressive Behavior Statement and/or HCP).
8. SC will submit the Purchase of Service (POS) once the OHR location is identified.
 - a. The start date on the POS is the date they arrive and the end date is the day following the last night at the location and the number of units corresponds with the number of nights spent at the location [e.g. the client arrives on Thursday, Jan. 7th and will leave on Sunday, Jan. 10th. The dates of the POS would be START: 1/7/18 and the END would be 1/10/18 and the units would be three (3)].
 - b. The POS should be written at least 14 days prior to the OHR being provided. For emergency OHR, SC will consult with their Manager.
9. The SC will provide a copy of the OHR packet to the Facility. If it is an emergency OHR, the SC will send the authorization number to the Facility.
10. SC will complete a Title 19 ID Note in SANDIS documenting OHR
11. SC will submit the original OHR packet to their unit Office Assistant (OA) to be filed in the client's e-DOC.
12. On the first day that respite begins, the SC will update the Client Location sheet in e-DOCS (**CHARTS_ACTIVE_DOCS – ACTIVE DOCS CHART**) to reflect the change of address (refer to How to Access and Complete a Client Location Sheet in e-DOCS (Medicaid Waiver) in Policy Manager for instructions).

Please Note: *In the event that the OHR exceeds 21 consecutive days, the SC must initiate it as a residential placement (See **Residential Services Admissions Procedure** for instructions). For parents of a child under the age of 18, placement will trigger the need to assess for participation in the Parental Fee Program (See **Parental Fee Program Procedure** for instructions).*

Evaluation of Service Effectiveness

The SC will review and document the effectiveness and value of current OHR services with the

client and family or caregiver. This review will include:

- Review of current needs and the availability of resources/services and supports that have become available

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 Community Services and Supports Department for a Quality Assurance review and technical assistance.

Authority

Welfare and Institution Code (WIC) 4512 (b), (e) (f), 4648(a)(6) (D), 4659 (d) (1) (A) (B) and (C), 4685(c)(1) (3); 4690.2,
California Code of Regulations (CCR) Title 17, 50604(d)(3)(E), 54355(i), 56776-56802, 58543(a), 58883, 58884, 58886-58888
California Code of Regulation (CCR) Title 22, 80092.1 and 80092.2

Additional Resources

Residential Services Admissions Procedure
Parental Fee Program Procedure