

**REDWOOD COAST REGIONAL CENTER
FAMILY RESPITE NEEDS ASSESSMENT
GUIDELINE & SUMMARY SCORE SHEET**

Client's Name: _____ D.O.B: _____ Current Age: _____

Client's Regional Center UCI #: _____ Service Coordinator's Name: _____

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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. *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 child or adult daycare. 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 ("value") under each heading. Transfer "value" 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 3 – 5 years
- 2 6 – 12 years
- 4 13 – 17 years
- 6 18 and over

II. ACTIVITIES OF DAILY LIVING (e.g. dressing, eating, grooming, toileting, etc. Note: Value given shall be reflective of scores given in the CDER.)

- 0 Individual's overall 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 assistance with toileting.
- 4 Individual is over age 4 and requires daily hands-on assistance with dressing, eating, grooming, toileting, etc.
- 6 Individual is over age 4 and requires total care in some aspect of dressing, eating, grooming, toileting, etc. but not all.

- 8 Individual is over age 4 and requires total care, is not capable of self-care in any activity of daily living **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.

III. MOTOR ABILITY (To have a value of “3” or greater, the individual must be over 10 years of age **or** require special lifting equipment. Note: Value given shall be reflective of scores given in the CDER.)

- 0 Individual is mobile.
- 1 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.).
- 3 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.).
- 4 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.).
- 5 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 (preschool, K-12, post secondary program, work program, etc.)

- 0 Individual attends school or day program more than 20 hours per week **or** an appropriate school or 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.
- 3 Individual attends school or day program less than 10 hours per week.
- 5 Individual has been suspended/expelled from school or day program **or** there is no day program available which can meet the individual’s needs.

V. MEDICAL NEEDS (Note: Value given shall be reflective of scores given in the CDER.)

- 0 Individual has no health problems – routine care only.
- 1 Individual has minimal mental or physical health problems requiring little intervention (e.g. regular medication schedule, nebulizer treatment on an occasional basis, seizure disorder requiring little to no caregiver support.). Explanation of need and activities required: _____

- 5 Individual has moderate mental or physical health problems (stable with ongoing medication and continuing follow care) **or** a condition requiring out of area medical appointments 2 or more times per month **or** general oversight and monitoring on a daily basis, (e.g. apnea monitor used as a precautionary measure, inability of individual to communicate health needs, frequent turning, etc). Explanation of need and activities required: _____

- 10 Individual requires almost constant attention to mental or physical health conditions with constant monitoring by health professionals (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, frequent therapeutic mental health services required, etc.).**

**To receive 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. Explanation of need and activities required: _____

VI. EMOTIONAL/BEHAVIORAL NEEDS

- 0 Individual infrequently displays behavioral excesses **or** the behaviors are not atypical for age.
- 4 Individual displays some behavioral excesses, may be hyperactive or irritable, but not aggressive or destructive of property, as appropriate for age, and behaviors are easily redirected most of the time.
- 8 Individual displays moderate behavioral excesses on a daily basis that require frequent redirection and is not always successful (e.g. extremely irritable, extremely hyperactive, somewhat aggressive, minor self-abusive behavior, such as head banging not requiring medical attention, minor property destructive, elopement, or awake and requiring intervention during typical sleeping hours, etc.).

**To receive a value of "8," CDER must reflect scores of 1 or 2 for at least two behaviors. Explanation of need and activities required: _____

- 12 Individual displays severe behavioral excesses at least weekly (e.g. aggressive towards others potentially causing injury, or requiring occasional medical attention, serious property destruction, etc). Family is not yet participating in a behavior change program.

**To receive a value of "12," CDER must reflect scores of 1 for at least three behaviors. Explanation of need and activities required: _____

- 16 Individual displays severe behavioral excesses at least weekly (e.g. aggressive towards others potentially causing injury, or requiring occasional medical attention serious property destruction, etc.).**

**To receive a value of "16," CDER must reflect scores of 1 for at least three behaviors. The family *must demonstrate* active involvement in or have applied for a behavior change program which may include a medical specialist's recommended medication therapy as a component of that program. Explanation of need and activities required: _____

NOTE: ► If the individual displays severe behavioral excesses more often than weekly, an Expanded Planning Team meeting must be convened to determine respite needs, including alternative respite options if the individual has not been successful with the more traditional forms of in-home respite, and to ensure that all diagnostic avenues have been explored.

VII. SPECIAL CIRCUMSTANCES

- 1 Individual is a member of a two-parent family and they are the only person with a developmental disability residing in the home.
- 3 Individual is a member of a one-parent family and they are the only person with a developmental disability residing in the home.
- 5 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.
- 7 Individual is a member of a one-parent family and parent has a developmental disability, **or** primary caregiver is permanently disabled and unable to work **or** primary caregiver has a documented chronic medical condition which directly interferes with their ability to meet the individual's daily care needs.
- 8 Individual is a member of a two-parent family and both parents have a developmental disability, **or** primary caregiver receives treatment for an acute psychiatric, emotional, or substance abuse problem which functionally impairs their ability to meet the individual's daily care needs, **or** the primary caregiver provides care in the family home to more than one child and/or adult family member who are eligible for regional center services or have a documented disability.

SUMMARY SCORE SHEET

INSTRUCTIONS: Complete the following summary sheet in order to obtain an estimation of the amount of respite the family might receive through regional center funding.

	<u>Values from Guideline</u>
<u>I. AGE OF INDIVIDUAL</u>	_____
<u>II. ACTIVITIES OF DAILY LIVING</u>	_____
<u>III. MOTOR ABILITY</u>	_____
<u>IV. DAY PROGRAM ATTENDANCE</u>	_____
<u>V. MEDICAL NEEDS</u>	_____
<u>VI. EMOTIONAL/BEHAVIORAL NEEDS</u>	_____
<u>VII. SPECIAL CIRCUMSTANCES</u>	_____
<u>TOTAL VALUE:</u>	=====

Total Value: _____ = _____ Hrs/Month or Days/Month* [* See Chart(s) below to determine respite hours/day(s)]

- Less Other Generic Resources for Consideration:**
- Less _____ Number of County Funded Respite Hours
 - Less _____ Number of IHSS Protective Supervision Hours that meet respite need
 - Less _____ Special Non-Medical Board & Care SSI funds
 - Less _____ EPSDT Respite Support
 - Less _____ ECHO Military Benefit Support
 - Less _____ EFMP Military Benefit Support
 - Less _____ NF Waiver Support Hours
 - Less _____ Personal Attendant Hours
 - Less _____ Co-Parenting Hours
 - Less _____ Other: _____

Regional Center Funded Respite Services Not to Exceed: _____ hr/qtr and/or dys/yr (circle unit of care)

Manager: _____

In-Home/Hourly Rate Respite:

0-5 points	Routine supervision
6-10 points	Up to 12 hours per month (36 hrs/quarter)
11-15 points	Up to 16 hours per month (48 hrs/quarter)
16-19 points	Up to 20 hours per month (60 hrs/quarter)
20-24 points	Up to 25 hours per month (75 hrs/quarter)
25-29 points	Up to 30 hours per month (90 hrs/quarter)
30 + points	Expanded Individual Planning Team Determination**

Out-of-Home/Daily Respite: (24-hour increments)

0-5 points	Routine supervision
6-15 points	Up to 1 day per month, not to exceed 12 days/year
16-30 points	Up to 2 days per month, not to exceed 21days/year
30 + points	Expanded Individual Planning Team Determination **

Combination of In-Home and Out-of-Home (OOH) Respite:

0-5 points	Routine supervision
6-10 points	6 hrs per month In-Home & 6 days per year OOH
11-15 points	8 hrs per month In-Home & 6 days per year OOH
16-19 points	9 hrs per month In-Home & 10 days per year OOH
20-24 points	10 hrs per month In-Home & 10 days per year OOH
25-29 points	12 hrs per month In-Home & 11 days per year OOH
30 + points	Expanded Individual Planning Team Determination**

Family Preference:

- In-Home Respite
- Out-of-Home Respite
- Combination of In-Home and Out-of-Home

** The Expanded Individual Planning Team may grant an exemption for the respite limits 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 client 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.