Purpose and Philosophy: Respite care is designed to intermittently and temporarily relieve families of the demands and constant responsibilities of caring for the consumer. This responsibility may exceed the demands and care needs of a non-disabled person his/her age in order to: 1) restore or maintain the family’s well-being; 2) meet emergency needs such as after a natural disaster; 3) assist during periods of crisis such as illness or death of a family member; 4) allow parents or family members the opportunity to enjoy vacations or other activities of natural family life; 5) provide assistance at other times when the planning team, which includes the parent or family member, feels it is advisable. Respite is part of a network of that support services for families. It is not meant to supplant other resources, including the parents’ routine parenting responsibilities for minors.

Valley Mountain Regional Center acknowledges the family’s contribution to the care and well being of their minor children who are VMRC consumers. They are also generally expected to provide the same kinds of care and supervision to them as they would for any of their other children. However, some families, because of their child’s intensive needs, require additional supports and services, such as respite, which will enable them to maintain that child in their home.

VMRC recognizes the commitment of family members in maintaining their adult family member in their home. To ensure family stability additional supports and services, such as respite, may be necessary.

Assessing the need for respite is part of the planning team process of developing and monitoring a consumer’s Individual Program Plan/Individual Family Service Plan (IPP/IFSP). The assessment of need will ensure that all available resources are explored and natural support systems, such as extended family, as well as generic services, are developed and utilized.

I. Eligibility: to determine the need, type, and amount of respite care services purchased by VMRC, the following criteria must be considered and/or met:

1. The need for the service is identified on the IPP/IFSP.

2. Take into consideration the legal responsibilities of other agencies as resources for the consumer and family in developing a respite care plan (i.e. private insurance, Medi-Cal, IHSS, DSS funding, crisis nurses, etc.). For children under the age of three years, regional centers may use private insurance as a generic service only if there is no cost to the family as a result of its use. Cost includes deductibles, co-pays, or a reduction in the lifetime benefit cap. Regional centers may pay the cost of accessing private insurance (e.g., deductible or co-pay amounts). [34 CFRC 303-520(b)(3)(i)].

3. Family situation, such as the number of parents available to provide care, number of other children in the home, etc.
4. Verification of family’s development of natural supports to provide respite such as extended family members, participation in cooperative childcare activities, etc.

5. Medical factors.

6. Mobility skills.

7. Consumer’s adaptive skills.

8. Families receiving the AFDC Foster Placement rate for a minor placed in their home are not eligible for respite as they are considered a foster home.

9. Behavioral deficits unrelated to the consumer’s age.

10. Hours of attendance at school/day program depending on the consumer’s age.

11. Consider what the family is doing to include consumer in routine family and community activities.

12. Is the family actively implementing the consumer’s care plans identified in the IPP/IFSP?

II. **Selection Considerations:** Issues that should be considered in selecting the type and amount of respite care services include:

1. Has the planning team considered family/consumer choice and need?

2. Has the planning team determined if the respite option is compatible with the family’s life style and commitments?

3. Have the consumer’s medical and/or behavior needs been considered?

4. If there is more than one family member who needs respite, (this would necessitate a multiple consumer rate for in-home respite) has a family respite plan been developed?

5. Are family members given flexibility regarding the use of respite hours? They may choose to exchange their respite hours on a dollar-for-dollar basis to fund activities agreed upon by the planning team to meet their respite needs.

   The conversion of respite hours to fund these activities is an option for the family if they have not been identified as needs by the planning team. If they have been identified as service needs, they must be funded separately.

6. Families have the option of banking their respite allotment for up to an entire year and redeeming it all at one time. This need must be identified in the individual’s IPP/IFSP per the planning team.

7. Is a family member a Valley Mountain Regional Center Board Member? If so, do they attend Board-related meetings such as:
   a. Committees
   b. School/Day Program visits
   c. Conferences
d. Retreats  
e. Any other VMRC meetings outside of regular Board Meetings  

Given these requirements are met, parents will receive up to ten (10) additional hours per month while they are active members on VMRC’s Board of Directors.

The ten (10) additional Respite hours will be contingent upon the submittal of records providing specific reasons for attendance for above-mentioned activities including, travel records, training materials, dates and times the activities were held. Board Members who require more than ten (10) additional hours per month may request an exception to obtain additional needed hours.

III. **Exceptions and Appeals Process:** As with all VMRC purchased services, if the Planning Team determines that sufficient support exists to request an exception to these standards, a Purchase of Service Exceptions request should be submitted.

VMRC recognizes that there may be occasions when a decision is made by VMRC that may not satisfy the consumer or his/her legally authorized representative. When the consumer or his/her legally authorized representative believes a VMRC decision is illegal, discriminatory or not in the consumer’s best interest, an appeal can be made to challenge that decision. All processes shall be in compliance with Welfare and Institutions Code, Section 4700-4730.