

RESPITE ASSESSMENT

Date: _____

Person Completing Form: _____

Consumer: _____

UCI# _____

Qualifying Diagnosis: _____

Please objectively evaluate the consumer using the following guidelines. Choose the most appropriate number under each heading. If the need is not best represented by any of the given options, consult your PM. Consumer's IPP should support your scoring selections. **Assessment is to be completed with family and/or caregiver:**

I. AGE OF CONSUMER(S)

- 0 3 – 5 years
- 3 6 – 12 years
- 5 13 – 17 years
- 7 18 and over

Score

II. ACTIVITIES OF DAILY LIVING (Compare with non-disabled peers in consumer's age group for dressing, eating, grooming, toileting, etc...)

- 0 No special care.
- 1 Daily supervision.
- 2 Daily hands-on assistance.
- 5 Total care in some aspect of activities of daily living.
- 7 Total care

Score

III. MOTOR ABILITY (Ability to walk, sit, need for wheelchair(s), walker, assistance or total care for transferring or positioning, as it impacts the level of supervision or care needs at home and in the community):

- 0 Independent with *no equipment* at home and in community w/ minimal care needs.
- 1 Independent *with equipment* at home or community w/minimal care needs.
- 2 Independent with *equip or chair(s)* at home or community w/moderate care needs.
- 3 Independent with *equip/chairs/lifting required* at home or community w/moderate care needs.
- 5 Not independently mobile with equip at home and community; needs constant care.
- 6 Not mobile, requires total care and repositioning every 2 hours.

Score

IV. SCHOOL / CHILD CARE / DAY PROGRAM ATTENDANCE Based on year around average (180 days of school, 6 hours/day = 20 hours week)

- 0 More than 20 hours per week.
- 1 11 to 20 hours per week.
- 2 5 to 10 hours per week.
- 3 Chooses not to attend; home all day.
- 4 Home schooled by parental choice
- 5 Unable to attend or refuses to attend due to behavior, medical, or safety concerns; home all day (home/hospital instruction up to 5 hrs/week)

Score

V. MEDICAL NEEDS and Impact on Supervision or Care:

- 0 No health problems (stable with preventative and routine care).
- 2 Minimal mental or physical health diagnosis (stable w/ongoing medication).
- 4 Moderate mental or physical health diagnosis (stable w/ ongoing medication and continuing f/up care).
- 6 Major Mental or physical Health diagnosis (constant monitoring by health professionals)

Score

Explain need for a value of 4 or 6:

VI. BEHAVIORAL NEEDS

Disruptive Social; Aggressive; Self-Injurious; Destruction; Emotional Outbursts:

Note: Score an additional point if behavior support services are in place to address behaviors in the home

For a score of 7, CDER must reflect scores of 1 for at least 3 behaviors.

- 0 Behaviors are appropriate for age.
- 1 Behaviors are easily redirected most of the time.
- 3 Behavioral excesses require frequent redirection and is not always successful.
- 5 Behavioral excesses unresponsive to redirection; requires intervention and *close* supervision.

CDER Score of 2 or less for at least 2 behaviors (Specify):

- 7 Behavioral excesses more often than weekly; require intervention and *constant* supervision.

CDER Score of 1 for at least 3 behaviors (Specify):

- 9 Behavioral excesses daily and individual or care providers health/safety risk exists due to severity of behavior excess

CDER Score of 1 for at least 3 behaviors (Specify):

***If behavior exists, i.e. isolation, but does not affect respite needs, SC to pursue services to target.**

Score

VII. SUPERVISION IN COMMUNITY

Note: Score an additional point if behavior support services are in place to address behaviors of elopement/wandering and/or disruptive behavior

- 0 Able to participate safely in the community outings with age appropriate level of supervision
- 1 May require some redirection and prompting for safety in community and behaviors are easily redirected most of the time.
- 3 Frequently requires redirection and redirection is not always successful requires line of sight supervision in the community.
- 5 Unresponsive to redirection and requires intervention and close supervision within arms reach in the community
- 7 High potential health and safety risk in the community requiring constant supervision

Score

VIII. SAFETY AWARENESS/SUPERVISION AT HOME (safety awareness/supervision needs maybe reflection of individual’s focus/impulsivity/hyperactivity, or supervision due to intensive medical needs)

Score

Note: Score an additional point if behavior support services are in place to address behaviors in the home

- 0 Able to maintain own safety independently or the safety needs are not atypical for age.
- 2 Requires a responsible person/caregiver to be present when at home (not in the same room).
- 4 Requires line of sight supervision in order to maintain safety at home
- 6 Requires arms distance or hands on supervision at home to ensure health and safety of individual and others.

*Review for referral of services to target behavior

IX. SPECIAL CIRCUMSTANCES: Score 7 for anyone in the first group; 5 for anyone in the second group; and, 3 for anyone in the third group.

Combined Score

Group 1 (Score 7 for one circumstance and 4 for each additional circumstance)

- Caregiver has chronic or ongoing illness that affects providing of care and supervision (doctor’s verification required)
- Caregiver has acute or short term illness (doctor’s verification required)
- Family member in the home has acute illness or health crisis (doctor’s verification required)
- Caregiver has physical or mental disability or is a Regional Center Individual (doctor’s verification required if disability is not evident)
- Caregiver has advancing age-related decline
- Multiple children with disabilities in the home needing respite
- Single parent (not shared custody situations)/caregiver
- Death of parent/caregiver or child in the household within last year
- Unable to access IHSS

Group 2 (Score 5 for one circumstance and 2 for any additional circumstances)

- Birth or adoption within period of previous 6 months
- Health crisis of an extended family member where primary care giver is providing care
- Intermittent Single Parent (spouse periodically absent (i.e. spouse travels frequently for work, or is in military))
- Loss of adult caregiver (includes siblings) within period of previous 6 months

Group 3 (Score 3).

- Dependent adult in home that is not an adult child of the caregiver(s)

Group 4 (Score 2 for this circumstance)

- Two parent/caregiver household with two or more dependent minors (no disabilities)

ADDITIONAL CONSIDERATIONS

- The consumer requires intensive medical monitoring or care including gastrostomy or nasal-gastric feedings, frequent suctioning, ventilator care, tracheostomy care and monitoring constant intravenous therapy or has multiple medical conditions requiring constant vigilance; may be eligible for nursing respite.

- Generic Resources are available for the family. These include natural (extended family) and generic supports: EPSDT, NF Waiver, school programs and after school programs, parenting classes or HOBPT/BIS, etc, IHSS, FR&R (ie for day care). Please describe: _____

- Is the consumer able to be at home unsupervised for 4 hours or more?

If any of the boxes are checked or if the answer to either of the questions is “yes,” consult your Program Manager.

Comments:

Other circumstances that affect the need for additional respite (Request to be forwarded to the Expanded Planning Team and VMRC POS Exception Committee):

Justification for a One-Person Rate: Applies if there is more than one consumer in the family that requires respite services. Any of the following situations will justify a One-Person Rate (indicate reason in IPP objective and Comment Section of POS):

- Overall assessment score is 30-35
- Significant behaviors of one or more minor or adult siblings (score is 7 in Section VI)
- Significant medical needs of one or more minor or adult siblings (score is 6 in Section V)
- 1:1 supervision ratio is required in the school or day program setting
- Multiple minor or adult siblings with disabilities in a single-parent home
- Disparate needs of siblings

RESPITE ASSESSMENT SUMMARY SCORE SHEET

Consumer: _____

SC/SSC: _____

Date: _____

- | | | |
|-------|---|----------------|
| I. | Age of Consumer(s) | Score: |
| II. | Activities of Daily Living | Score: |
| III. | Motor Ability | Score: |
| IV. | School / DP Attendance | Score: |
| V. | Medical Needs (A value of 4 or 6 requires an explanation of need) | Score: |
| VI. | Behavioral Needs | Score: |
| VII. | Supervision needs in Community | Score: |
| VIII. | Safety Awareness/Supervision at Home | Score: |
| IX. | Special Circumstances: | |
| | Group 1 Score: | Group 2 Score: |
| | Group 3 Score: | Group 4 Score: |
| | Special Circumstances Combined Score: | |

TOTAL SCORE:

Total Score

Family Preference:

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

In-Home Respite/Hourly Rate:

0-5 points	Routine supervision
6-10 points	12 hours per month
11-15 points	16 hours per month
16-19 points	18 hours per month
20-24 points	20 hours per month
25-29 points	24 hours per month
30-35 points	30 hours per month
36-40 points	35 hours per month

41-45 points	40 hours per month
46-50 points	45 hours per month
51+ points	Expanded Planning Team/POS Exception Committee decision

Out-of-Home/Daily Rate (24-hour increments)

0-6 points	Routine supervision
7-20 points	12 days per year
21-35 points	18 days per year
36 + points	24 days per year

Combination of In-Home Respite 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
30-35 points	15 hrs per month In-Home & 12 days per year OOH
36-40 points	20 hrs per month In-Home & 15 days per year OOH
41-44 points	25 hrs per month in Home & 15 days per year OOH
45-50 points	30 hrs per month in Home & 15 days per year OOH
51+ points	Expanded Planning Team/POS Exception Committee decision

The regional center may grant an exception for the respite limits if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer 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 consumer.

When issue is going to Expanded Planning Team/POS Exception Committee decision- SC will complete Schedule Form with family documenting the hours available for support in each category: school + transportation hrs, day program + transportation hours, IHSS hrs, EPSDT hrs, other services hours, day care hours, sleep average hrs, respite hrs, calculating the total hours per month the individual receives services. After such calculation, determine the remaining hours in the month and then calculate 20% of that remaining time. This would be the amount of respite services. If this amount is less than 45 hours then respite eligibility would default to 45 hours/month of in-home respite.