

**San Diego Regional Center
RESPITE NEEDS ASSESSMENT
SUMMARY SHEET**

Date: _____ Client's Name: _____ UCI #: _____
D.O.B: _____ Age: _____ Service Coordinator's Name: _____

Definition of Respite: Respite is not intended to provide for all supervised care or unmet needs of the client/family, it is a supplement to the family's responsibility for care. 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 (W&I Code 4686.5 (1)). **Respite is not daycare and is not to be used while parents are working. Respite is not an Early Start Service.** (W&I Code 4686.5 (4)). 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).

Explanation of Natural Supports: Welfare and Institution Code Sections 4512, 4648 (a) (2); (non-paid) personal association and relationships typically developed in the community that enhance the quality of life for people, including but not limited to, family, friendships reflecting the diversity of the neighborhood/community; associations with fellow students or employees in regular classrooms & workplaces; and associations developed through participation in clubs/ activities (Pg. 136, OPS manual).

Explanation of Generic Resources: Welfare and Institution Code Sections 4659 (a) and (c); 4648 (a) (8); 4640.7 and 4644; services or supports provided by an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services. **Welfare and Institution Code Section 4659 (c) Prohibits RCs from purchasing services available from generic resources** such as Medi-Cal, Medicare, In-Home Supportive Services (IHSS), California Children's Services (CCS), or private insurance.

IHSS: Number of Hours: _____ Who is being paid to provide the hours? _____
A copy of the IHSS Notice of Action should be requested.

Parent in Active Duty Military: Yes No Branch: _____
• EFMP Respite _____ ECHO Respite _____
• Marine Corps Deployed Respite Care _____ ECHO Home Health Care (EHHC) Respite Care _____
• Armed Services YMCA _____

EPSDT (Early Periodic Screening Diagnosis and Treatment): Yes No
• Number of Hours: _____ How are hours being used? _____
NF Waiver (Nursing Facility) Yes No Number of Hours: _____
SSI/SSA Amount Received/Month: _____ Non-Medical Board and Care Rate: Yes No
Number of DSS (CWS) County Funded Respite Hours: _____
Other Generic Resources (i.e., VA, Private Insurance, etc.) _____

****Natural Supports and/or Generic Resources shall be considered when determining the need for any SDRC funded hours****

SDRC RESPITE ASSESSMENT:

If natural and/or generic supports are not available, review the following areas in order to obtain an estimation of the amount of respite the family might receive through Regional Center funding. *Please assess the individual's current skill level, support needs and family needs using the following guidelines.* Choose the most appropriate number ("value") under each heading.

NOTE: A reassessment of a family's respite need should be conducted at least annually or 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) 0-5 years
- (2) 6-12-years
- (4) 13-17 years
- (6) 18 and over

II. MEDICAL NEEDS (score of 3-5 requires an explanation of need and must be coded in the CDER, see item 27b and Special Health Care Requirements)

- (0) Individual has no exceptional medical needs; requires routine medical care.
- (1) Condition requires occasional/ongoing medical/therapy appointments outside of the home related to the developmental disability such as active seizure disorder resulting in one or more seizures per year, regular appointments related to cerebral palsy complications/treatment, or regular speech, PT or OT.
- (3) Requires frequent (every 4-6 hours) health/medical procedures, for example complicated medication regime, nebulizer/oxygen therapy, diabetes care, catheter care/change, wound care, frequent turning, etc. Client regularly experiences seizures more than once daily.
- (5) Extraordinary medical care 24 hours/day with interventions every 3 hours or less, for example ventilator dependent, trach care, feeding tube, frequent suctioning, etc.

Other Medical Needs: _____

EpiPen: Yes No **Diastat:** Yes No **Glucagon:** Yes No

III. ACTIVITIES OF DAILY LIVING (Refer to CDER items 5 through 9)

- (0) Is self-sufficient in activities of daily living or functions similarly to non-disabled peers of the same age.
- (1) Age 5 and over, and can complete the following activities independently but requires reminders for at least one: toileting, personal care, and/or dressing.
- (2) Age 5 and over, and requires prompting or physical assistance with at least one of the following activities: toileting, personal care, and/or dressing, or eats with fingers (no utensils).
- (3) Age 5 and over, and requires prompting or physical assistance with at least three of the following activities: toileting, personal care, and/or dressing, or eats with fingers (no utensils).
- (4) Requires total care/does not perform helpful movements with almost all activities of daily living: eating, toileting, personal care, and dressing.

Other ADL Needs: _____

IV. MOBILITY (Refer to CDER items 2 and 3, Special Health Care Requirements, category 5)

- (0) Is mobile and ambulates independently.
- (1) Walks with support and/or uses a mobility device such as a walker, crutches/brace, or wheelchair. Able to transfer into and out of a wheelchair without assistance.
- (3) Uses a wheelchair but needs assistance to move, maneuver, and during transfers.
- (5) Cannot walk. Individual is immobile and unable to move independently (must be turned, requires specialized wheelchair and/or lifting equipment, etc.)

Other Mobility Needs: _____

V. EMOTIONAL / BEHAVIORAL NEEDS (Refer to CDER items 15 through 20)

(score of 3-5 requires an explanation and must be coded in the CDER)

- (0) Individual infrequently displays challenging behaviors. Behaviors are generally appropriate for their age.
- (1) Challenging behaviors occur occasionally: Disruptive behavior interferes with social participation at least once a week. Less than once per month, physical aggression occurs without injury. Self-injurious behavior occurs without apparent injury. Has caused minor damage once during the past 12 months.
- (3) Challenging behaviors are frequent: Physical aggression causing injury has occurred at least once in the past 12 months. Self-injurious behavior causes injury at least once per week. Has caused minor or major property damage at least once in past 12 months. Emotional outbursts requiring significant intervention occur at least once a week.
- (5) Challenging behaviors occur daily requiring significant behavior intervention. Behaviors result in significant injury to self, injury to others, and/or major property destruction.

Other Behavioral Needs: _____

VI. SAFETY / SUPERVISION (Refer to CDER items 10 and 19) (Needs are based on how the developmental disability/diagnosis impacts this area; consider supervision needs of a non-disabled peer)

- (0) Supervision and safety needs are generally appropriate for their age.
- (1) Age 5 and over, and running/wandering away occurs or is attempted less than once a month. Client requires someone nearby to avoid injury/harm in unfamiliar settings only.
- (3) Age 5 and over, and running/wandering away occurs or is attempted at least once a month. Client requires constant supervision to prevent injury/harm when in unfamiliar settings only, or requires someone nearby during waking hours to prevent injury/harm in all settings.
- (5) Age 5 and over, and client may also attempt or successfully run/wander almost every day. Client requires constant supervision during waking hours to prevent injury/harm in all settings.

Other Safety/Supervision Needs: _____

VII. FAMILY SITUATION

- (0) Two parent family, client only child with developmental disability.
- (1) One parent family, client only child with developmental disability.
- (2) One parent family, one SDRC client and other siblings (under age 18) living in the home.
- (3) Two parent family: *(Meets at least one of the following)*
 - One parent is SDRC client.
 - Primary caregiver's health impacts their ability to care for the client.
 - More than one SDRC client living in the home.
- (4) One parent family, more than one SDRC client or dependent adult living in the home.
- (5) Two parent family, both parents are SDRC clients.
- (7) *(Meets at least one of the following)*
 - Single parent who is an SDRC client.
 - Primary caregiver is in treatment for a significant health or chronic medical condition which directly interferes with their ability to meet the clients need.

Additional Notes / Circumstances: _____

VIII. DAY PROGRAM ATTENDANCE

(0) *(Meets at least one of the following)*

- Individual is under 5 years of age
- Individual attends school or day program more than 20 hours per week
- An appropriate school/day program is available, but the individual/ family chooses not to attend/participate.

(1) Individual attends school or day program 10 to 20 hours per week.

(2) Individual attends school or day program less than 10 hours per week.

(3) Individual has been suspended/expelled from school or day program or there is no day program available which can currently meet the individual’s need (length of suspension or expulsion shall be considered when determining a score of 3).

Additional Notes / Circumstances: _____

TOTAL: _____

Hourly Rate Respite:

score of 0-5	Routine supervision
score of 6-10	8 to 16 hours per month (max. 48/qtr)
score of 11-15	17 to 20 hours per month (max. 60 hrs/qtr)
score of 16-19	21 to 25 hours per month (max. 75 hrs/qtr)
score of 20-24	26 to 30 hours per month (max. 90 hrs/qtr)
score of 25-30	31 to 40 hours per month (max. 120hrs/qtr)
score of 31-40	41 hours and over; based on individual need; Regional Manager review

Quarterly Calculation Guide	
4 hrs/mo = 12 /qtr	22 hrs/mo = 66/qtr
5 hrs/mo = 15/qtr	23 hrs/mo = 69/qtr
6 hrs/mo = 18/qtr	24 hrs/mo = 72/qtr
7 hrs/mo = 21/qtr	25 hrs/mo = 75/qtr
8 hrs/mo = 24/qtr	26 hrs/mo = 78/qtr
9 hrs/mo = 27/qtr	27 hrs/mo = 81/qtr
10 hrs/mo = 30/qtr	28 hrs/mo = 84/qtr
11 hrs/mo = 33/qtr	29 hrs/mo = 87/qtr
12 hrs/mo = 36/qtr	30 hrs/mo = 90/qtr
13 hrs/mo = 39/qtr	31 hrs/mo = 93/qtr
14 hrs/mo = 42/qtr	32 hrs/mo = 96/qtr
15 hrs/mo = 45/qtr	33 hrs/mo = 99/qtr
16 hrs/mo = 48/qtr	34 hrs/mo = 102/qtr
17 hrs/mo = 51/qtr	35 hrs/mo = 105/qtr
18 hrs/mo = 54/qtr	36 hrs/mo = 108/qtr
19 hrs/mo = 57/qtr	37 hrs/mo = 111/qtr
20 hrs/mo = 60/qtr	38 hrs/mo = 114/qtr
21 hrs/mo = 63/qtr	39 hrs/mo = 117/qtr
	40 hrs/mo = 120/qtr

Daily Out of Home Licensed Residential Respite:

A portion of in-home respite hours are transferred to out of home when 2 or more weekends are used per quarter as determined by the planning team and supervisory review. Number of days may affect SSI and/or IHSS; parent to check with appropriate agency.

Update effective: 4/15/2019