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Revised: July 28, 2008
Revised: December 13, 2011

Respite Care

Purpose

To provide guidelines for the utilization of Social Services Agency (SSA)-contracted and Children and Family Services (CFS)-administered Respite Care programs.

Approved

This policy was approved by Gary Taylor, Director of CFS, on December 13, 2011. *Signature on file*.

Most Recent Revision

This update represents a complete revision of the Policy and Procedure (P&P) of the same name that was previously published on July 28, 2008.

Background

One service available to families involved in the child welfare system is respite. Respite is a form of temporary care provided to a child in order to allow a parent or caregiver short-term relief from parental or caregiving duties.

Respite differs from babysitting or other types of substitute care and supervision in that Respite Care is a time-limited service and individuals that provide respite must be a licensed foster parent, approved relative/non-relative extended family member (NREFM), or foster parent certified through a Foster Family Agency (FFA).

Other temporary care and supervision options for children in out-of-home care are addressed in CFS P&P Substitute Supervision (D-0408).

Legal Mandates

Welfare & Institutions Code Section 16501(b) and California Department of Social Services (CDSS) Manual of Polices and Procedures (MPP) Division 31-002(r)(6) define Respite Care.

CDSS MPP Division 31-315.4(j) identifies Respite Care as one of the service-funded activities available through child welfare and outlines parameters of the specific respite activity.

Community Care Licensing (CCL) MPP Title 22, Division 6, Chapter 9.5, Article 3, Section 89378(c) identifies Respite Care by a licensed, approved, or certified caregiver as an option for substitute care and supervision for out-of-home caregivers.

CDSS MPP Division 31-310.16 and 31-310.161 mandates respite providers receive information on any known or suspected dangerous behavior of a child and that the provision of such information be documented in the case record.

CCL MPP Title 22, Division 6, Chapter 9.5, Article 4, Section 89475 (c) outlines the requirements a caregiver must comply with when providing care and supervision for a child with a health condition that requires medication.

CDSS All County Letter (ACL) 07-39 outlines criteria for the temporary placement of a foster child with a relative or NREFM on an emergency basis.

Definitions

Respite Care: The provision of prearranged, temporary, and periodic child care provided by a substitute caregiver during the absence or incapacitation of a parent, adoptive parent, legal guardian, licensed or certified foster parent, approved relative or NREFM caregiver *under a SSA-contracted or CFS-administered Respite Care program.*

POLICY

Respite Options

Respite Care programs available in Orange County (OC) include:

A. **Time Out for Parents (TOPS):**
TOPS is administered by a community agency under contract with SSA. Through TOPS, respite services are available to parents and caregivers of children who are:

- Current or former dependents of the Orange County Juvenile Court
- Current or former recipients of voluntary services
- Detained pending a Jurisdictional/Dispositional hearing
- Residents of Orange County that are not clients of CFS

All respite providers through TOPS are OC licensed foster parents.

TOPS allows a maximum of 504 hours of Respite Care per child, per fiscal year.

B. **Medical Respite:**
Medical Respite is a program administered by designated CFS staff within Specialized Family Services (SFS) and is available for caregivers of children who are placed in out-of-home care and:

- Meet the criteria for special health care needs pursuant to CFS P&P Special Medical Placements (K-0801), and
- Are aged zero to 16 years

Note: Children under a plan of Legal Guardianship or placed in a FFA certified home are not eligible for services from the Medical Respite Program.

All respite providers through the Medical Respite program receive child-specific medical training prior to care for an identified child or children.

Medical Respite allows a maximum of 20 hours per month, per out-of-home caregiver (household). Respite hours may not be carried over to subsequent months.

Utilization Guidelines

Use of each Respite Care program is subject to guidelines established by applicable law, regulations, CFS policy, SSA Contracts, and availability of a suitable provider. **Note:** In addition to the utilization guidelines described in this Policy section, FFAs and select CFS programs (i.e., Multi-Dimensional Treatment Foster Care [MTFC], Wraparound, and Emergency Shelter Homes [ESH]) may require additional guidelines (e.g., use providers only within the FFA, or use only other licensed MTFC or ESH homes).

Respite may be used when:

A. A parent or caregiver is absent or incapacitated (e.g., emergency surgery, illness, funeral, auto accident, etc.) and a determination has been made that temporary out-of-home care is in the child's best interest.

–Or–

B. A determination is made to allow the temporary relief of the stressors of parental duties so a parent or caregiver is able to fulfill other responsibilities necessary to improve or maintain the parenting function (e.g., attendance to medical/dental appointments, attendance at support program, attendance in a short-term treatment program, completion of room reconstruction, etc.)

And each of the following conditions apply:

- The relief is not for the purpose of providing routine, ongoing day care
- The relief is between one to 72 hours **Note:** For options beyond 72 hours, see "Alternative Options" Policy section below.
- There is a clear ending time when the parent or caregiver will resume the child's care, or other alternative plan for the child's future care has been arranged
- The parent or caregiver agrees to abide by any additional parameters set by the Respite Care program

Alternative Options

When Respite Care **is not** a suitable option to a caregiver's request for relief in care giving (e.g., caregiver absence will exceed 72 hours, date caregiver can resume parental duties is uncertain, temporary care is needed on a routine basis, etc.), the assigned Senior Social Worker (SSW) will explore other resources that will allow relief for a caregiver and maintain the best interests of the child or children.

Alternative options, as case appropriate, may include but are not limited to the following:

- Extended visitation with parent
- Extended visitation with a child's identified important person as described in CFS P&P Maintaining Connections with Important Persons (D-0410)
- Alternative Caregiver or licensed child care facility as outlined in CFS P&P Substitute Supervision (D-0408)

- Child's participation in extracurricular, enrichment, or social activities as described in CFS P&P Extracurricular Activities (D-0402)
- Temporary/emergency placement with a relative/NREFM as outlined in "Other Placement Circumstances" Policy section of CFS P&P Out-of-Home Placement (K-0208)
- Exploration of placement support or relief options pursuant to CFS P&P Team Decision Making (D-0308)
- Utilization of a combination of resources (e.g., respite and Alternative Caregiver, respite and visitation with important person, or respite and visitation with parent, etc.)
- Consultation with Foster Family Agency (FFA) social worker, if applicable, for other resources available
- Consultation with Senior Social Services Supervisor (SSSS) and/or Program Manager (PM) for other considerations
- Change/new placement

Note: Any placement change requires completion of established placement procedures outlined in CFS P&P Out-of-Home Placement (K-0208).

SSW Responsibilities

The assigned will complete the following activities, as applicable, when arranging respite services on behalf of parents, legal guardians, or caregivers:

A. Discuss with parent/caregiver the need for respite and make determination respite would be in the best interests of child, allow for completion of case plan activities, and/or improve or maintain the parenting function.

   If a determination is made that Respite Care is not a suitable option (e.g., absence will exceed 72 hours, temporary care is needed on a routine basis, etc.) the assigned SSW will consider alternative resources as outlined in "Alternative Options" Policy section.

B. If providing approval for respite, make referral to appropriate Respite Care program as follows:

   1. **TOPS:**
      Telephone call to TOPS Coordinator and follow-up with facsimile of completed *Time Out for Parents (TOPS) Respite Care Referral (F063-25-319)* as soon as possible, but no later than the close of the following business day.

2. **Medical Respite:**
   Telephone call to Medical Respite Coordinator (SFS Special Medical Placement Coordinator) and follow-up with email request as soon as possible, but no later than the close of the following business day.

Referral information will include but not be limited to:

- Name of parent/guardian or out-of-home caregiver requesting service
- Name, date of birth, and language of child or children to be served
- Duration of service (start/end date, time of delivery/pick-up, etc.)
- Any special needs of requestor or the child/children (i.e., early morning delivery of child, allergies, etc.)

If appropriate Respite Care is not located for a child (e.g., lack of appropriate provider, child's behaviors, etc.), the assigned SSW will consult with SSSS, as needed, for direction.

C. Complete and submit the following forms to Respite Coordinator for each child, at each respite episode:

1. *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)*. Refer to CFS P&P Out-of-Home Placement (K-0208) for direction on the completion and use of this form.

   Note: Respite providers are prohibited from providing respite for any child whose behavior would be a danger to children already in the home or for any child who would be at risk of harm from a child already in the home.

2. *Authorization for Medical Care (F063-28-13)* signed by parent, legal guardian, or assigned SSW (if the Juvenile Court has authorized SSA to sign medical consents).

   Note: Licensed, certified, or relative/NREFM caregivers may not sign authorizations allowing respite providers to consent to medical treatment.

–Or–

Respite Medical Care Authorization—Non-Dependent Children (F063-25-554) signed by a parent or legal guardian for non-dependent children, or detained children for whom the Juvenile Court has not authorized SSA to sign medical consents.

Refer to CFS P&P Medical Care Authorization (I-0206) for further guidelines on the authorization of medical and dental treatment.

3. Copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* signed by child's physician.

–Or–

Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child) (F063-25-557) signed by a parent or legal guardian for non-dependent children, or detained children for whom the Juvenile Court has not authorized SSA to sign medical consents.

D. Advise parent/caregiver to provide the following items to the respite provider at the time of service:

1. *Respite Child Information (F063-25-484)* which includes the child's daily routine and activities, education, and medical information. This form may be completed by respite provider in conjunction with parent/caregiver.

2. Medical insurance card for each child placed in respite.

3. Prescribed or over-the-counter medications (in original containers) for each child placed in respite.

4. Any items necessary for the proper care and supervision of each child (e.g., special food, toy or blanket, activity schedule, behavior chart, homework, etc.).

E. **Children in out-of-home care:**
For each respite episode 24 hours or more, provide notice of change in placement circumstance (temporary leave) by calling the Placement Hotline and submittal of *Placement Information Change (PIC) Notice (F063-28-301)* in accordance with CFS P&P Placement Change Notification (K-0209).

F. Document all relevant communications with and/or distribution of any required forms to, parent, caregiver, respite coordinator or provider, and CFS staff in Child Welfare Services/Case Management System (CWS/CMS). Refer to CFS P&Ps Referral Compliance Contacts and Documentation (A-0415) or Case Compliance Contacts and Documentation (E-0105) for direction related to the documentation of contacts.

Requestor Responsibilities

The parent, legal guardian, or caregiver requesting respite service are required to:

A. Seek assigned SSW approval for respite service, including start and end dates.

B. Supply provider (for each child, at each respite episode) the following:

- *Respite Child Information (F063-25-484)*
- Medical insurance card
- Prescribed or over-the-counter medications in original containers
- Copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* signed by child's physician or *Permission for Respite Caregiver to Administer Over- the-Counter Medications (Non-Dependent Child) (F063-25-557)* signed by a parent or legal guardian
- Any items necessary for the proper care and supervision of each child (e.g., special food, toy or blanket, behavior chart, homework, etc.)

C. Make payment for services rendered to Medical Respite provider or TOPS Coordinator as applicable.

Note: For Medical Respite, out-of-home caregivers that paid for respite services may submit for reimbursement via *Special Medical Reimbursement Payment (F063-25-514)* to the Medical Respite Coordinator. *Special Medical Reimbursement Payment (F063-25-514)* must be:

- Filled out completely
- Signed by the requestor and respite provider(s)
- Submitted along with *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)*

Provider Responsibilities

Providers of respite services are required to:

A. Complete and submit *Respite Care Provider Application (F063-25-483)* to the designated TOPS or Medical Respite Coordinator for approval.

Note: For Medical Respite providers, additional requirements include:

- Completion of child-specific training
- Certification in Cardiopulmonary Resuscitation (CPR)
- Approval by Medical Respite Coordinator, or SFS program designee, for a specific child

B. Complete and submit to TOPS or Medical Respite Coordinator *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* for each non-dependent child living, visiting, or staying temporarily for any reason, in the respite home *prior to* provision of respite services.

Revise *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* whenever a non-dependent child's behaviors change from that which was originally documented.

C. Ensure a *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* is completed for each child, at each respite episode, prior to accepting the child for respite services.

D. Refrain from providing respite for any children whose behavior would be a danger to children already in the home or for any children who would be at risk of harm from a child already in the home.

E. Complete in conjunction with requestor, *Respite Child Information (F063-25-484)* for each child, at each respite episode.

F. Obtain authorization to seek medical care by receipt of a signed *Authorization for Medical Care (F063-28-13)* or *Respite Medical Care Authorization—Non-Dependent Children (F063-25-554)*.

G. Obtain authorization to issue over-the-counter medication by receipt of a signed copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* or *Permission for Respite Caregiver to Administer Over- the-Counter Medications (Non-Dependent Child) (F063-25-557)*.

H. Provide quality care and supervision for recipients of respite services.

I. Comply with CFS-administered or SSA-contracted Respite Care program requirements.

Coordinator Responsibilities

TOPS and Medical Respite Coordinators will:

A. Follow all conditions set by SSA Contracts and/or CFS policy.

B. Approve or disapprove respite provider applications. Homes with a designated "hold status" are prohibited from providing respite services until the "hold" is lifted. Refer to CFS P&P Placement Holds (K-0119) for additional information on placement holds.

Note: For Medical Respite, monitor and ensure adherence to any additional requirements (e.g., child-specific training, CPR certification, etc.) for providers under the Medical Respite program.

C. Coordinate with assigned SSW, parent/guardian, or caregiver on referrals received and gather necessary information to locate an appropriate provider.

D. Make all reasonable efforts to match a provider for each child requiring respite service.

E. Create and retain respite provider files as designated by the TOPS SSA Contract or Medical Respite Coordinator's Deputy Director (DD), whichever is applicable.

F. Send copies of all approved *Respite Care Applications (F063-25-483)* to Foster Home Licensing and Placement Coordination Services SSSSs.

G. Process accounts receivable and accounts payable functions to ensure billing of requestors for services received and payment to providers for services rendered.

REFERENCES

Attachments and Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- CWS/CMS Data Entry Standards—Temporary Leaves

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P Substitute Supervision (D-0408)
- CFS P&P Special Medical Placements (K-0801)
- CFS P&P Maintaining Connections with Important Persons (D-0410)
- CFS P&P Extracurricular Activities (D-0402)
- CFS P&P Team Decision Making (D-0308)
- CFS P&P Out-of-Home Placement (K-0208)
- CFS P&P Medical Care Authorization (I-0206)
- CFS P&P Placement Change Notification (K-0209)
- CFS P&P Placement Holds (K-0119)
- CFS P&P Referral Compliance Contacts and Documentation (A-0415)
- CFS P&P Case Compliance Contacts and Documentation (E-0105)

REQUIRED FORMS

Online Forms

Required forms listed below may be printed out and completed, or completed online, by clicking on the link provided.

Form Name	Form Number
Specialized Medical Training Documentation	F063-25-455
Respite Care Referral Form	F063-25-319
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Respite Medical Care Authorization—Non-Dependent Children	F063-25-554
Standing Medication Order for Over-the-Counter Medications	F063-12-191
Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child)	F063-25-557
Respite Child Information	F063-25-484
Respite Child Information (Spanish)	F063-25-484Sp

Hard Copy Forms

Forms that can be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

Form Name	Form Number
Respite Care Application	F063-25-483
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Authorization for Medical Care	F063-28-13
Placement Acco	F063-25-106

CWS/CMS Forms

The following required forms may **only** be obtained in CWS/CMS. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
Placement Information Change (PIC) Notice	F063-28-301
Statement of Known or Suspected Dangerous Behaviors	F063-25-86

Brochures

Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	