



North Los Angeles County Regional Center Initial Respite Needs Assessment

Date:

Consumer's Name:

UCI:

Age:

Understanding Respite

Respite is a service that provides families with intermittent relief from the demands of providing care to an individual with a developmental disability. Respite is 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)). This service is not intended to provide for all supervised care or unmet needs of the consumer/family, rather, it is a supplement to the family's responsibility for care. *In-Home Respite Services* are provided in the family home. *Out-of-Home Respite Services* are provided in licensed settings. Respite cannot be used in place of daycare (W&I Code 4686.5 (4)). Daycare services are available to support consumers while parents are working.

Respite services are support services which typically include:

- Assisting 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:

Natural supports are (non-paid) personal associations and relationships typically developed in the community that enhance the quality of life for people, including but not limited to, family and friend. Natural supports may reflect the diversity of one's neighborhood/community; and include associations with fellow students or employees in regular classrooms and workplaces; and associations developed through participation in clubs/activities (Welfare and Institution Code Sections 4512, 4648 (a) (2)).

Explanation of Generic Resources:

Generic resources are publically funded entities that have a legal responsibility to provide certain services or supports to eligible recipients. Examples of generic resources include local school districts, In Home Supportive Services (IHSS), and Medi-Cal (Welfare and Institutions Code Sections 4569 (a) and (c); 4648 (a) (8); 4640.7 and 4644).

Directions:

- Ask questions to best understand the needs of the consumer and their family/caregivers.
- If natural and or generic supports are not available, review the following areas in this assessment to obtain an estimation of the amount of respite the family might receive through Regional Center funding.
- Objectively evaluate the consumer's current skill level, support needs, and impact of their disability. Consider the family dynamics and any cultural considerations.
- Complete the weekly schedule that is attached of current services and include how respite hours will be utilized.
- Fill in the total monthly hours of respite needs that were determined during the assessment.
- If FCPP eligible, generate the FCPP Assessment in SANDIS within 3 business days. If not FCPP eligible, then select not applicable.

- A re-assessment of a family’s respite need should be conducted whenever significant changes occur in the individual’s skills or functioning level, change in family dynamics, or as alternative respite resources are identified.

I. Current Services

In Home Supportive Services (IHSS)/Protective Supervision: Yes No

If Yes:

- Total Number of Hours:
- Who is providing IHSS:
- How are hours being used:

EPSDT (Early Periodic Screening Diagnosis and Treatment): Yes No Not Applicable

If Yes:

- Total Number of Hours:
- How are hours being used:

Other Generic Resources (i.e., VA, Private Insurance, etc.) Yes No

Discuss any current generic resources or resources that are being pursued:

II. Family’s Strengths & Abilities

Discuss family’s strengths and abilities:

Select the indicator in each section that best represents the need and then elaborate specifics in the appropriate sections.

III. Medical Considerations

- Consumer has no exceptional medical needs; requires routine medical care.
- Condition(s) requires occasional /ongoing medical/therapy appointments related to the Developmental Disability.
- Requires frequent (every 4-6 hours) health/medical procedures--complicated medication regimen, nebulizer/oxygen therapy, diabetes care, catheter care/change, wound care, frequent turning, etc.
- Extraordinary medical care (ventilator dependent, trach care, feeding tube, frequent suctioning), 24 hours/day (intervention required every 3 hours or less).

If Applicable, Discuss the impact of medical conditions and related appointments:

IV. Activities of Daily Living (check all that apply):

- Is self-sufficient in activities of daily living.
- Under age 5 and functions similarly to non-disabled peers of the same age.
- Over age of 5 and can complete the following activities independently but requires reminders for at least one: toileting, personal care, and/or dressing.
- Over age 5 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).
- Over age 5 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).
- Requires total care/does not perform helpful movements with almost all activities of daily living: eating, toileting, personal care, and dressing.

Discuss ADL needs for this consumer:

V. Mobility

- Is mobile and ambulates independently.
- Uses a device for independent mobility (e.g. walks with a walker, walks with crutches/braces, uses a wheelchair independently, is able to transfer independently).
- Requires physical assistance using walker, maneuvering wheelchair, transferring on/off toilet, in/out of bed, in/out vehicles, etc.
- Consumer is immobile and is incapable of independent movement (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment, etc.).

Discuss Mobility needs for this consumer and family:

VI. Behavioral Intensity:

- Consumer infrequently displays Socially Disruptive behaviors. Behaviors are generally appropriate for their age.
- Socially Disruptive behaviors occur three times or less per month and may require long term intervention.
- Socially Disruptive behaviors are *frequent*, (occurring at least once a week, four times or more a month) and require behavioral intervention and constant supervision. Behaviors may include: self-injurious behaviors, elopement, minor property destruction, physical aggression, or verbal aggression.
- Socially Disruptive behaviors occur daily requiring behavior intervention. Behaviors result in significant injury to self and others and/or major property destruction.

If Applicable, discuss the behavioral intensity of the consumer and review if behavioral services are in place or needed. Consider if a Respite Worker will be able to manage or address the behaviors:

VII. Daily Routine- School or Program (check all that apply)

- Consumer is under 5 years of age.
- Consumer attends school or day program more than 20 hours per week.
- An appropriate school/day program is available, but the individual/ family choose not to attend/participate.
- Consumer attends school or day program 10 to 20 hours per week.
- Consumer attends school or day program 10 hours or less per week.
- Consumer has been suspended/expelled from school or day program or there is no day program available which can currently meet the individual's need.

Discuss daily routine, school schedule, and/or any other programs/services.

VIII. Family Dynamics & Natural Supports (check all that apply)

- Two parent family, consumer only child with developmental disability.
- One parent family, consumer only child with developmental disability.
- Two parent family, consumer has sibling(s) with developmental disability.
- One parent family, consumer has sibling(s) with developmental disability.
- Family/Caregiver may be experiencing coping difficulties due to their age or health.
- Parent is caring for person who has a disability or seriously ill family member, at home or outside of the home.
- Parent is caring for other children under the age of 5.

Discuss the family dynamics/natural supports; parent/caregiver work schedule; discuss who is residing in the home and what level of support they provide:

IX. Cultural Considerations

Discuss any relevant cultural considerations of the consumer and family. For instance, include any rituals, customs, religious events that may play a role in respite needs:

X. Activities that provide relief to parent or family

Discuss any activities that provide relief to parent and family before completing the attached schedule:

XI. Summary of Respite Hours

Complete the weekly schedule below with the daily routine for the consumer and family. Include any current services that are being accessed and include the projected respite hours that were identified for the week.

Weekly Schedule

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
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5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

<p>Total Number of <u>Monthly Hours</u></p>
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Family Cost Participation Program (FCPP) Assessments

Is consumer eligible for FCPP:

- Yes No

FCPP Assessment generated in SANDIS within 3 business days:

- Yes Not Applicable

