

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
DDS DIRECTOR'S OFFICE POLICY MANUAL

<u>Policy Type</u>	<u>Subject of Policy</u>	<u>Policy No.</u>
Service	Respite Care	3005-D

1. Purpose. This policy has been prepared to define and set parameters for Human Development Center respite care services provided by Developmental Disabilities Services.
2. Scope. All users/applicants for HDC respite care services, their families/surrogates, other interested parties, and DDS employees are affected by this policy.
3. Eligibility and Selection. Individuals eligible for respite care services are those defined in DDS Policy #1035. Selection is based upon space availability, chronological order of request, priority of need, and proximity to home.
4. Respite Care Defined. Human Development Centers offer short term residential and supervisory services intended to provide a period of relief from the care of an individual who has exceptional and demanding needs. Unless approved by the HDC Superintendent/designee, respite care services will not include planned education, habilitation or training.
 - A. Regular Respite Care: Twenty-four (24) hour care services provided for up to fourteen (14) days, and may be extended up to thirty (30) days upon approval of the HDC Superintendent/designee.
 - B. Emergency Respite Care: Twenty-four (24) hour care services provided to assist individuals and families through emergency situations in which the health and welfare of the individual and/or family is seriously jeopardized, in increments of no more than fourteen (14) days, for a maximum of thirty (30) days.
 - C. Short-Term Respite Care: Twenty-four (24) hour care services provided for one (1) or two (2) days, no more than twice a month to give individuals and/or family brief but more frequent relief from family services.

Replacement Notation: This policy replaces 3005-D, effective December 17, 1979; January 26, 1980; March 18, 1980; November 21, 1981; February 25, 1983; January 8, 1987; and May 4, 1987; and December 1, 1993.

Effective Date: December 1, 1997

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- D. Summer Respite Care: Twenty-four (24) hour care provided annually for fourteen (14) days to give individuals and/or families an opportunity to have summer vacation experiences.
 - E. Crisis Abatement: Thirty (30) days or less of consecutive placement and no more than 48 cumulative days per waiver eligible year, to reduce or prevent escalation of behaviors of persons receiving Home and Community Based Waiver Services.
5. Fees.
- A. If at all possible, recipients of respite care will pay something for the services, even if the amount is minimal.
 - B. Fees will be charged based on a sliding scale according to the family/responsible party income.
 - C. Fees will be automatically adjusted annually as costs fluctuate.
 - 1) Sliding fees will be based on the total income of persons living in the household. If an individual receives income from a third party source or other personal income, the fee will be the total of that income less \$30.00, of the amount according to the sliding scale for the household, whichever is greater.
 - 2) For adults living with family members, the fee will be based on household income, or third party payment less \$30.00, whichever is greater.
 - D. If an adult lives in an apartment, group home, or other public housing, only his or her income should be considered. Fees will be total income less \$30.00.
 - E. For the purpose of the sliding fee scale, exemptions shall be the number as determined by IRS guidelines for tax purposes.

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F. RESPITE CARE FEES

Daily Fee Scale

GROSS ANNUAL INCOME	DEPENDENTS					
	1	2	3	4	5	6
\$ 0 - 4,999	-0-	-0-	-0-	-0-	-0-	-0-
5,000 - 7,299	1.00	-0-	-0-	-0-	-0-	-0-
7,300 - 9,599	2.00	1.00	-0-	-0-	-0-	-0-
9,600 - 11,899	3.00	2.00	1.00	-0-	-0-	-0-
11,900 - 14,199	4.00	3.00	2.00	1.00	-0-	-0-
14,200 - 16,499	5.00	4.00	3.00	2.00	1.00	-0-
16,500 - 18,799	6.00	5.00	4.00	3.00	2.00	1.00
18,800 - 21,099	7.00	6.00	5.00	4.00	3.00	2.00
21,100 - 23,399	8.00	7.00	6.00	5.00	4.00	3.00
23,400 - 25,699	9.00	8.00	7.00	6.00	5.00	4.00
25,700 - 27,999	10.00	9.00	8.00	7.00	6.00	5.00
28,000 - 30,299	11.00	10.00	9.00	8.00	7.00	6.00
30,300 - 32,599	12.00	11.00	10.00	9.00	8.00	7.00
32,600 - 34,899	13.00	12.00	11.00	10.00	9.00	8.00
34,900 - 37,199	14.00	13.00	12.00	11.00	10.00	9.00
37,200 - 39,499	15.00	14.00	13.00	12.00	11.00	10.00
39,500 - 41,799	16.00	15.00	14.00	13.00	12.00	11.00
41,800 - 44,099	17.00	16.00	15.00	14.00	13.00	12.00
44,100 - 46,399	18.00	17.00	16.00	15.00	14.00	13.00
46,400 - 48,699	19.00	18.00	17.00	16.00	15.00	14.00
48,700 - Above	20.00	19.00	18.00	17.00	16.00	15.00

NOTE: Fee Scale effective July 22, 1983

6. Limitation. No Human Development Center shall jeopardize compliance with any applicable State or Federal Law or regulation when providing respite care services.

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7. Procedural Guidelines.

- A. The DDS Service Coordinator will provide a packet of descriptive information on the individual as a request for services to include current social, psychological, and medical information at a minimum.
- B. The Superintendent/designee will respond in writing to all formal requests for respite services.
- C. Upon approval, admission arrangements will be coordinated through the HDC social services department.
 - 1. Entry requirements include a current TB skin test and physical examination to include assurance that the individual is free from infectious disease.
 - 2. The individual will bring a medication supply sufficient for the entire respite stay.
 - 3. A completed agreement to pay work sheet informs the responsible party of the daily charge for services, if any, and confirms that this payment responsibility has been discussed prior to initiation of services.
 - 4. In an emergency situation entry, all requirements can be waived by the Superintendent.
- D. Emergency respite requests are coordinated through the Field Services Supervisor. In an emergency situation, all entry requirements can be waived by the Superintendent.

8. Cancellation of Respite Request. Under certain circumstances, the Human Development Center may find it necessary to cancel respite care.

- A. The HDC may cancel a scheduled respite referral twenty-four (24) hours prior to admission date if bed space becomes unavailable. Notice goes back to the DDS Service Coordinator, who notifies the individual/parent or guardian and Field Services Supervisor.

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- B. If the HDC finds it necessary to terminate early, respite care in progress, the DDS Service Coordinator who made the referral shall be contacted. The Service Coordinator is responsible for contacting the parents/guardians and providing explanation. If Service Coordinator is unavailable, and discharge must occur immediately, HDC staff will assume this responsibility. If possible, an alternate HDC respite care site will be found where the individual can be transferred.
9. Abuse of Service. When abuse of respite care occurs the DDS Service Coordinator shall be notified by the HDC staff and then shall counsel with the individual and/or parent/guardian and inform them that continued practice could/would result in failure to receive further respite service.
10. Abandonment. If the individual's parent or responsible party fails to pick up the individual on the agreed date of discharge, the DDS Service Coordinator (HDC staff if Field staff unavailable) shall call the parents or responsible party to find out why pickup was not made.

If the Service Coordinator cannot reach the individual's parent or responsible party by 2 hours after the agreed day and time of discharge, or if the individual's parent or responsible party refuses to pick up the individual, the Superintendent/designee shall call the appropriate Protective Services authority to charge abandonment. Call Division of Children and Family Services, Protective Services Unit, if the individual is a minor; or call Division of Aging and Adult Services, Adult Protection Services Unit, if the individual is 18 or over.

NOTE: At Superintendent/designee discretion, extension of time may be allowed for extenuating circumstances.

11. Appeal Process. If at any point in this process the request for respite services is denied, the individual/parent/guardian has the right to appeal this decision following the DDS Director's Office Policy #1076.

AGREEMENT TO PAY WORKSHEET

INDIVIDUAL'S NAME: _____ COUNTY:

GUARDIAN (if applicable):

ADDRESS:

Estimate of Fees:	Amount of person's income per month	\$
	Less personal spending money	\$ <u>-30.00</u>
	Subtotal	\$
	\$ _____ divided by the =	\$
	Subtotal number of days in	Daily charge for
	the month	services

I understand that the above amount is an estimate only and the final charges will be computed on the day of admission. I understand that I am responsible for payment.

Individual Date

Parent/Guardian (if applicable) Date

Witness Date