

**HIV Health Services Planning Council
Sacramento TGA**

Policy and Procedure Manual

Subject: Respite Service Standards

No.: SSC 02

Date Approved: 07/22/98

Date Revised: 04/27/11

Date Reviewed: 04/27/11

As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White funding is to be used for HIV/AIDS medical care including, psycho-social and support services designed to significantly improve client access and adherence to such resources. Any respite services that are provided by agencies and paid for through Ryan White funding will be part of a comprehensive medical care plan that promotes the optimal state of health for the afflicted individual and shall be related to healthcare or other critical needs.
2. Ryan White funding is to be expended in a cost effective, equitable manner based upon client need verification. Therefore, clients may present to respite services through self referral or agency referral. Payment for respite services through Ryan White funding are authorized only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

3. In accordance with the above:

Respite care is an intermittent, temporary service provided by respite workers for individuals providing primary care to a person with HIV Disease. Respite services are time limited and occasional. In home and out of home respite care are designed to relieve parents, guardians or caregivers from the continuous responsibility of caring for a person with HIV Disease. These services are not intended to substitute for day care or child care while a caregiver is working or attending school or for routine care where a regular caregiver could be used.

While the purpose of respite is to provide temporary relief from the continuous responsibility of caring for or an HIV infected individual, it is important to note that respite services are time limited and therefore are not available on an on-going basis. Those clients in need of home health services on an on-going basis should be referred to an appropriate home health provider.

a. Criteria

Those consumers who have special care needs due to severe medical problems directly related to HIV disease or a high-risk condition which requires the special attention of a trained respite worker may qualify for respite services.

The presence of HIV disease in and of itself does not constitute eligibility for respite services. There must also be the presence of a care need that exceeds the normal care for a child or adult of the same age.

Respite services will be provided by a respite agency, home health agency or a privately vendored individual. Privately vendored individuals will be paid at minimum wage and agency personnel will be paid at the contracted agency's negotiated rates.

Respite Care providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

b. Qualifications

- i. Staff have the skills, experience, and qualifications appropriate to providing respite care services. When the client designates a community respite care giver who is a member of his or her natural network, this designation suffices as the qualification.
- ii. If a respite caregiver is from the client's network, the client signs a disclaimer acknowledging that the caregiver may not always meet all of the requirements expected of the agency's paid staff, and that the agency is not responsible for any issues that may arise as a result of this arrangement.

c. Amount of Service

The base amount of hours of service will be 96 hours per year, unless there are extenuating circumstances within the household.

The client and/or the Agency will do an initial assessment to establish the level of care necessary. The assessment activity is not considered part of the client's base hours.

4. RW Agencies which provide Respite Services shall develop and adhere to budgets for Respite Services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients who rely on RW funded Respite Services. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

5. Medical Case Managers at RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other service standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

6. RW Agencies shall provide a means by which Medical Case Managers can obtain in-service training and advice related to interpreting client medical needs.

7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake.

Adopted

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Dated: 4/27/11