

**HIV Health Services Planning Council  
Sacramento TGA**

**Policy and Procedure Manual**

**Subject:** Respite Service Standards

**No.:** SSC 02

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

HRSA Definition:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-today care.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical 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. 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:

***Objective***

Respite Services are intended to maintain/improve a client's ability to maintain or access medical care.

***Education/Experience/Supervision*** There are no minimum educational standards for staff providing Respite care reimbursement services.

Individual supervision and guidance must be available to all staff as needed.

## ***Staff Orientation and Training***

**Initial:** All staff providing Respite Reimbursement Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire; topics must include:

- General HIV knowledge, such as transmission, care, and prevention
- Privacy requirements
- Navigation of the local HIV system of care including ADAP

**Ongoing:** Staff must also receive ongoing annual training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinar, and must be clearly documented and tracked for monitoring purposes.

## ***Intake***

The Respite Service providers must ensure that the client intake has been performed prior to Ryan White service provision and if not, perform an intake. See the Universal Standards for detailed intake requirements. Providers should ensure that any consents specific to childcare services are completed and in the client's file.

## ***Orientation***

Each new client receiving respite services must receive an orientation to provided services; document this orientation in the client file.

## ***Reassessment***

The client's care plan must be updated at least every six months.

4. 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 episodic. 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. Respite services shall be provided in a culturally and/or linguistically competent manner which is respectful to the client's cultural health beliefs, practices and preferred language.

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 private vendor individual. Private vendor individuals will be paid minimum wage and agency personnel will be paid the employer contracted negotiated rates.

Respite Care providers are expected to comply with the Universal Standards of Care, as well as the stipulated standards below:

B. Qualifications

I. Vendor workers will demonstrate 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 determined by the HIV Health Services Planning Council on an annual basis, 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.


5. 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.

6. Providers at RW Agencies may at any time submit to the Recipient 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.

7. RW Agencies shall provide a means by which providers can obtain in-service training and advice related to interpreting client medical needs.

8. 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.

Signed:   
Richard Benavidez, Chair

Date: 06/22/22