

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

In-Home Respite Care

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Policy Reviewed: December 17, 2015

The Developmental Disabilities Resource Board of St. Charles County (DDRB) and the Department of Mental Health- MRDD Division (DMH) have entered into a funding agreement to provide In-Home Respite Care Services in St. Charles County.

Definition of Respite Care Services:

Respite Care Services are hereby defined as temporary relief to the primary caregiver from the challenge of caring for a family member with a developmental disability. Respite Care Services are recognized as an essential part in assuring the emotional and physical well-being of the primary caregivers.

Respite Care Services shall be used for the primary purpose of relieving families of the responsibilities inherent in caring for a family member with a developmental disability for a few hours, a day, a weekend, or other short-term periods of time. The DDRB recognizes that the availability of this support may contribute to the reduction of family stress and the prevention of unnecessary and/or premature out of home placement. In- Home Respite Care is not care usually associated with attendants or personal care assistants.

This service allows the primary caregiver(s) the following opportunities:

To rest, relax and find relief.

To deal with a family crisis unrelated to the individual with a developmental disability such as illness, hospitalization, or death of a family member.

To provide time away from the individual with a developmental disability in order to conduct occasional activities important and necessary to the overall individual's and /or family's well-being.

To access Respite Care Services individuals must:

Be a Saint Charles County resident.

Have a case manager through the Department of Mental Health/Regional Center or DDRB.

Have a yearly Person Centered Plan that outlines necessary needs and supports

Process for accessing funding:

The individual's case manager will complete a yearly Person Centered Plan and the DDRB In-Home Respite Eligibility Tool. The Utilization Review Committee will review the individual's plan and respite recommendation. Any appeals to the recommended allocations should follow the UR process. If additional appeals are requested, they will be reviewed by the Respite Review Committee, which will include a representative from the Provider Agency, DMH and DDRB. All decisions from the Respite Review Committee are final.

The individual will be authorized a funding allocation for their plan year. If a family's needs change during their plan year, they may request their case manager amend their plan to document this change. The case manager can then update the DDRB In-Home Respite Eligibility Tool to reflect the family's current situation.

The individual's In-Home Respite Eligibility Tool will be forwarded to the respite provider agency. The respite provider agency will enroll the individual and provide assistance, if needed, with finding a respite provider for the family. The respite provider agency will provide the family with reimbursement for their respite expenses when the completed billing forms are received by the agency.

Families will be able to utilize their yearly allocation to meet their family's needs as they arise. Families may determine their reimbursement rate for their respite provider. Families are encouraged to budget their funds to cover their needs for the individual's entire plan year.

In-Home Respite care can be provided by someone the family chooses. Respite provider must be 16 years old or older and not reside in the family's home. A parent living outside the family home is not eligible to be a respite provider. All respite providers are required to pass a background screening through the MO Family Care Safety Registry (FCSR) annually. An In-Home Respite Provider cannot have a felony or misdemeanor against a person.

Program Funding Availability:

In-Home Respite Care Service funding is dependent on the annual funds available and allocated by the DDRB Board and DMH. If all available funding is utilized in the fiscal year a waiting list will be established and maintained by the provider agency. A request for additional funds to serve the needs on the waiting list will be presented to the DDRB Board during their regular funding cycle.