

Respite Care Standards of Care

Definition:

Support for Respite Care includes non-medical assistance for an HIV-infected client, provided in community or home-based settings, and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

Limitations:

Funds may be used to support informal respite care provided issues of liability are addressed; payment made is reimbursement for actual costs, and no cash payments are made to the clients or primary caregivers.

Services:

Respite Care is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used for periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver who is responsible for the day-to-day care of an adult or minor living with HIV/AIDS. Other client support network caregivers may be used and is referred to as informal respite care.

Services funded under this category are residential and/or home-based non-medical assistance programs designed to relieve primary caregiver(s) responsible for providing day-to-day care. A caregiver is defined as someone who either cares for an HIV-positive individual, or is an HIV-positive individual who is responsible for taking care of children. These services are also available when an HIV-positive parent or guardian must go to a medical appointment and needs someone to care for his or her children during that time.

The overall objectives of Respite Care are to:

- Promote skills-building, social interaction, and to maintain or improve the client's support system.
- Provide periodic respite for caregivers of HIV-infected individuals
- Respond to the routine and emergency respite needs of clients.
- Create a safe environment for the client during periods of family stress

In those cases where funds are allocated for home-based respite care, such allocations should be carefully monitored to assure compliance with the prohibition on direct payments to eligible individuals. Such

arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision-making process.

Non-infected individuals may be candidates for Ryan White funded respite care services in limited situations, but these services for non-infected individuals must always benefit a person with HIV infection.

The service has as its primary purpose enabling the non-infected individual to participate in the care of someone with HIV disease. This includes respite care services that assist non-infected individuals with the stresses of providing daily care for someone who is living with HIV disease.

Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
Agency Policies and Procedures	The agency shall have policies/procedures for each of the following: -Patient rights and responsibilities, including confidentiality guidelines -Patient grievance policies and procedures -Patient eligibility requirements -Data collection procedures and forms, including data reporting -Guidelines for language accessibility
Respite Care According to the HRSA National Monitoring Standards, respite care will be defined.	Regional Administer of RW/SS funds will develop policies to: -Define respite care to include <ul style="list-style-type: none">• Allowable recipients• Services• Settings -Specify requirements for documentation of dates, frequency, and settings of services
Payer of Last Resort	Before assistance is provided there should be written documentation in the agency files that Ryan White/State Services funding is being used as the payer of last resort.

Agency Staff Qualifications	<p>Staff will have the skills, experience, and qualifications appropriate to providing respite care services.</p> <p>When the client designates a community respite care giver who is a member of his or her personal support network, this designation suffices as the qualification.</p>
Agency Staff Education	<p>All respite care providers will receive orientation to include at a minimum within the first three (3) months of hire:</p> <ul style="list-style-type: none"> -HIV disease and transmission -Cultural competency/sensitive to special population
Supervision	<p>All non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health, or a related area, preferably Master's Level. A person with equivalent experience may be used.</p> <p>Supervisors must review a 10 percent sample of each staff records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.</p> <p>Each supervisor must maintain a file on each staff member supervised and hold supervisory sessions on at least a weekly basis. The file on the staff member must include, at a minimum:</p> <ul style="list-style-type: none"> -Date, time, and content of the supervisory sessions -Results of the supervisory case review addressing, at a minimum of completeness and accuracy of records, compliance with standards, and effectiveness of service.
Informal Respite Caregiver Training According to the HRSA National Monitoring Standards, informal respite care can be provided.	<p>Funds may be used to support informal respite care if:</p> <ul style="list-style-type: none"> -Liability issues have been addressed <ul style="list-style-type: none"> • Appropriate releases obtained that protect the client, provider of respite care, and Program -Payment for services (reimbursement) is made for actual costs and no cash payments are made to clients or primary caregivers. <ul style="list-style-type: none"> • Voucher or gift card may be used as reimbursement

	A respite caregiver from the client's personal support network receives basic orientation or training on the provision of emergency and routine respite care services.
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Standards of Care

Standard	Measure
Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> - Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a "zero income" statement) -Documentation of state residency -Documentation of proof of HIV positivity -Photo ID or two other forms of identification -Acknowledgement of client's rights <p>Agencies should attempt to get all relevant eligibility information from the referral source before providing services to client. If unsuccessful, the client may receive up to two sessions.</p>
Intake and Assessment	<p>Agency staff will initiate an intake within five (5) business days of the referral to include:</p> <ul style="list-style-type: none"> -Client's support system. -Needs of the client. <p>Supporting documentation of the need for respite care will be included in the assessment.</p> <p>If informal respite care is to be used, assessment must include qualifications of the client's personal support network provider.</p>

Plan of Care	<p>In collaboration with the client and client's family, a plan of care will be developed within ten (10) business days of intake and assessment.</p> <ul style="list-style-type: none"> -The plan of care should be signed and dated by both the client and/or client's family and is located in the client's primary record. -A copy of the plan will be offered to the client and documented in the client's record. <p>The Plan of Care should include:</p> <ul style="list-style-type: none"> -Objective for respite care -Estimate the number of respite care visits anticipated/services to be provided -Setting <p>Documentation that plan of care is being followed may include at a minimum:</p> <ul style="list-style-type: none"> -Sign-in sheet documenting attendance in a facility or documentation of informal personal support network provider attendance in the home. -Objective should be listed at the top of the sign-in sheet or documentation for reimbursement by the informal personal support network provider. <p>Sign-in sheets/documentation for reimbursement should be present in the client's primary record.</p> <p>Plan of care should be reviewed at least every three (3) months to see if progress is being met towards meeting objective of the respite care with documentation present in the client's primary record.</p>
Referrals	<p>If the needs of the client are beyond the scope of the services provided by the agency or clients informal support network, an appropriate referral to another level of care (e.g. hospice) is made.</p> <ul style="list-style-type: none"> -Documentation of referral and outcome of the referral is present in the client's primary record.
Discharge	<p>The agency and client will collaborate on a discharge plan once objectives have been met.</p> <p>Reasons for discharge may include:</p> <ul style="list-style-type: none"> -Services are no longer needed -Services needed are outside the scope of respite care -Client is deceased

	<p>-Client has moved out of the area</p> <p>-Client or client's informal personal support network behavior is no longer conducive.</p> <p>-Client has not attended respite care in a facility for over six (6) months.</p>
Documentation in Client Record	<p>The following will be documented in the client's primary record.</p> <p>-All intake and eligibility documentation, to include at a minimum:</p> <ul style="list-style-type: none"> • Documentation of HIV diagnosis • Proof of residency • Verification of financial eligibility • Intake and assessment information <p>- Caretaker eligibility</p> <p>-Services provided including dates and duration</p> <p>-Setting/method of services provided.</p>
Documentation in Agency file	<p>Client eligibility for services, actual services provided by type of service, number of clients served and level of services will be collected.</p> <p>Agency will keep track of the:</p> <p>-Number of clients served</p> <p>-Settings/methods for providing care</p> <p>-Financial records and assurances if informal respite care arrangement has been used.</p> <ul style="list-style-type: none"> • Liability issues have been addressed • No cash payments were made to clients or primary caregivers • Payment/reimbursement was for actual costs.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A
April 2013. p. 46-47.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
April, 2013. p. 45-46.

Virginia Department of Health Division of Disease Prevention HIV Care Services Respite Care 2009-
2010; Located at:
http://www.vdh.state.va.us/epidemiology/DiseasePrevention/documents/HCS_peer_review/respite_care_standards_09.pdf