
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: March 2, 2007
Current Revision Date: January 31, 2017

Number: K-0212

Respite Care

Purpose To provide guidelines for use of Social Services Agency (SSA)-contracted and Children and Family Services (CFS)-administered Respite Care programs.

Approved This policy was approved by Nathan Nishimoto, Interim Director of CFS, on January 31, 2017. *Signature on file.*

Most Recent Revision This revision of the Policy and Procedure (P&P) incorporates a return to the Medical Respite's original service parameter policy of 20 hours per month "per household" in order to increase the ability to serve more caregivers.

Background One service available to families involved in the child welfare system is respite. Respite is a form of temporary care provided to a child in order to allow a parent or caregiver short-term relief from parental or caregiving duties.

Respite differs from babysitting or other types of substitute care and supervision in that Respite Care is a time-limited service and an individual who provides respite must be a licensed or certified foster parent, an approved relative/nonrelative extended family member (NREFM), or an approved resource family.

[Assembly Bill \(AB\) 403 \(Chapter 773, Statutes 2015\)](#) amended Welfare and Institutions Code (WIC) Section (§) 16501(b) which defines respite care.

Other temporary care and supervision options for children in out-of-home care are addressed in CFS P&P [Substitute Supervision \(D-0408\)](#).

Definitions

For the purpose of this P&P, the following definition applies:

Respite Care: The provision of prearranged, temporary, and periodic care provided by a substitute caregiver during the absence or incapacitation of a parent, adoptive parent, legal guardian, licensed or certified foster parent, approved relative/ NREFM, or approved resource family under a SSA-contracted or CFS-administered Respite Care program. Respite Care does not include routine, ongoing child care.

POLICY

Guidelines for Use of Respite Care

Use of each Respite Care program is subject to guidelines established by applicable law, regulations, CFS policy, SSA Contracts, and availability of a suitable provider.

In addition to the guidelines described in this Policy section, additional parameters for use may apply to Foster Family Agencies (FFAs) and select CFS service options (i.e., Multi-Dimensional Treatment Foster Care [MTFC], Wraparound, Treatment Foster Care [TFC], and Emergency Shelter Homes [ESH]). Staff may consult with the service or contract provider to determine if additional parameters apply.

Respite may be used when:

A. A parent or caregiver is absent or incapacitated (e.g., emergency surgery, illness, funeral, auto accident, etc.) and a determination has been made that temporary out-of-home care is in the child's best interest.

–Or–

B. A determination is made to allow the temporary relief of the stressors of parental duties so a parent or caregiver is able to fulfill other responsibilities necessary to improve or maintain the parenting function (e.g., attendance to medical/dental appointments, attendance at support program, attendance in a short-term treatment program, completion of room reconstruction, etc.).

And each of the following conditions apply:

- The relief is not for the purpose of providing routine, ongoing day care
- The relief is between one hour to 14 days, as specified in “Respite Options” section below
- There is a clearly established timeframe when the parent or caregiver will resume the child’s care, or other alternative plan for the child’s future care has been arranged
- The parent or caregiver agrees to abide by any additional parameters set by the Respite Care program

Respite Options

Respite Care programs available in Orange County (OC) include:

A. **Time Out for Parents (TOPS):**

TOPS is administered by a community agency under contract with SSA. All respite providers through TOPS are licensed foster parents or approved resource families.

1. **Population Served:**

Per SSA contract agreement, TOPS services are available to parents and caregivers of children and youth ages zero to 19 years who meet one of the following criteria:

- a. Identified as at-risk of abuse or neglect, including those referred by their birth parents or those receiving voluntary services.
- b. Placed in an emergency shelter home (ESH), a relative/NREFM home, a licensed or certified family home, therapeutic/treatment foster home, or approved resource family home.
- c. Awaiting placement or placed at Orangewood Children and Family Center (OCFC).
- d. Birth children of foster parents in the home at the time respite services are to be provided to foster children.
- e. Non-Minor Dependents (NMDs) 18 to 19 years of age in need of temporary respite due to special circumstances, such as a medical condition that requires adult supervision.
- f. Referred by SSA’s Family Self Sufficiency (FSS) Domestic Abuse Services Unit (DASU).

- g. Are physically disabled or handicapped, suffer emotional or behavioral disorders, are human immune deficiency virus (HIV) positive or exhibit severe health problems.
- h. Are victim of commercial sexual exploitation (CSE), belong to a sibling set, or may have special medical needs.

2. Service Parameters:

Per SSA contract agreement, the following parameters apply:

- a. A minimum of one hour, and up to a maximum of 14 days in one month, is allowed per child per respite episode, except for the populations specified in item b. below.
- b. One to 72 hours is allowed per child per episode for youth aged 13 to 19 and those of any age that:
 - Are identified as a victim of CSE, –or–
 - Belong to a sibling set, –or–
 - Have special medical needs

Note: An episode may be extended up to a maximum of 14 days in any one month with Deputy Director (DD) or designee approval.

- c. In exceptional circumstances, an additional episode within seven calendar days of completion of a preceding episode may be provided with DD or designee approval.
- d. A minimum of 24 hours between each episode is required.
- e. A maximum of 504 hours per child, per year is allotted.

B. Medical Respite:

Medical Respite is a program administered by designated CFS staff within Specialized Family Services (SFS) as authorized in CFS P&P [SCIAP Funds Requests \(D-0603\)](#). All respite providers through the Medical Respite program

receive child-specific medical training prior to care for an identified child or children.

1. Population Served:

Medical Respite is available for caregivers of dependent children who are placed in out-of-home care and who meet the criteria for special health care needs pursuant to CFS P&P [Special Medical Placements \(K-0801\)](#).

Note: Children placed in a FFA certified or approved home are not eligible.

2. Service Parameters:

Medical Respite allows a guideline of 20 hours per month per household. Requests for an episode over 20 hours in a month require pre-approval by the SFS Medical Supervisor and Program Manager (PM). Respite hours may not be carried over to subsequent months.

Alternative Options

When Respite Care is not a suitable option to a caregiver's request for relief in care giving (e.g., caregiver absence will exceed allowable time period, date caregiver can resume parental duties is uncertain, temporary care is needed on a routine basis, etc.), the assigned Senior Social Worker (SSW) or designee will explore other resources that may allow relief for a caregiver and maintain the best interests of the child/youth.

Alternative options, as appropriate, may include yet are not limited to the following:

- Extended visitation with parent
- Extended visitation with a child's identified important person as described in CFS P&P [Maintaining Connections with Important Persons \(D-0410\)](#)
- Alternative Caregiver or licensed child care facility as outlined in CFS P&P [Substitute Supervision \(D-0408\)](#)
- Child's participation in extracurricular, enrichment, or social activities as described in CFS P&P [Extracurricular Activities \(D-0402\)](#)
- Temporary/emergency placement with a relative/NREFM as outlined in CFS P&P [Out-of-Home Placement \(K-0208\)](#)
- Exploration of placement support or relief options pursuant to CFS P&P [Team Decision Making \(D-0308\)](#)
- Utilization of a combination of resources (e.g., respite and Alternative Caregiver, respite and visitation with important person, or respite and visitation with parent, etc.)

- Consultation with FFA social worker, if applicable, for other resources available
- Consultation with Senior Social Services Supervisor (SSSS) and/or PM for other considerations
- Change placement

Note: Any placement change requires completion of established placement procedures outlined in CFS P&P [Out-of-Home Placement \(K-0208\)](#).

**SSW
Responsibilities**

The assigned SSW or designee will complete the following activities, as applicable, when arranging respite services on behalf of parents, legal guardians, or caregivers:

- A. Discuss with parent/caregiver the need for respite and determine whether respite would be in the best interests of child, allow for completion of case plan activities, and/or improve or maintain the parenting function.

If a determination is made that Respite Care is not a suitable option, consider alternative resources as outlined in “Alternative Options” Policy section.

- B. If providing approval for respite, make referral to appropriate Respite Care program as follows:

1. **TOPS:**
Telephone call to TOPS Coordinator and follow-up with submittal of completed *Time Out for Parents (TOPS) Respite Care Referral (F063-25-319)* via Secure Communication Management System (SCMS) or facsimile as soon as possible, but no later than the close of the following business day. See [CFS Intranet Resources](#) for [SCMS instructions](#).

2. **Medical Respite:**
Telephone call to Medical Respite Coordinator (SFS Special Medical Placement Coordinator) and follow-up with email request as soon as possible, but no later than the close of the following business day.

Referral information will include but not be limited to:

- Name of parent/guardian or out-of-home caregiver requesting service
- Name, date of birth, and language of child or children

to be served

- Duration of service (start/end date, time of delivery/pick-up, etc.)
- Any special needs of requestor or the child/children (i.e., early morning delivery of child, allergies, etc.)

If appropriate Respite Care is not located for a child (e.g., lack of appropriate provider, child's behaviors, etc.), the assigned SSW or designee will consult with SSSS for direction, as needed.

C. Complete and submit or provide the following forms to Respite Coordinator for each child, at each respite episode:

1. *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)*. Refer to CFS P&P [Out-of-Home Placement \(K-0208\)](#) for direction on the completion and use of this form.

Note: Respite providers are prohibited from providing respite for any child whose behavior would be a danger to children already in the home or for any child who would be at risk of harm from a child already in the home.

2. *Authorization for Medical Care (F063-28-13)* signed by parent, legal guardian, or assigned SSW (if the Juvenile Court has authorized SSA to sign medical consents). See CFS P&P [Medical Care Authorization \(I-0206\)](#).

Note: Licensed, certified, or approved caregivers may not sign authorizations allowing respite providers to consent to medical treatment.

–Or–

Respite Medical Care Authorization—Non-Dependent Children (F063-25-554) signed by a parent or legal guardian for non-dependent children, or detained children for whom the Juvenile Court has not authorized SSA to sign medical consents.

3. As applicable, copy of court order approving psychotropic medication (i.e., *Order on Application for Psychotropic Medication JV-223*) and accompanying attachments to the order *Prescribing Physicians*

Statement-Attachment JV-220(A) or Physicians Request to Continue Medication-Attachment JV-220(B). See CFS P&P [Psychotropic Medication: Dependent Children \(I-0306\)](#).

4. Copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* signed by child's physician.

–Or–

Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child) (F063-25-557) signed by a parent or legal guardian for non-dependent children, or detained children for whom the Juvenile Court has not authorized SSA to sign medical consents.

- D. Advise parent/caregiver to provide the following items to the respite provider at the time of service:
 1. *Respite Child Information (F063-25-484)* which includes the child's daily routine and activities, education, and medical information. This form may be completed by respite provider in conjunction with parent/caregiver.
 2. Medical insurance card for each child placed in respite.
 3. Prescribed or over-the-counter medications (in original containers) for each child placed in respite.
 4. Any items necessary for the proper care and supervision of each child (e.g., special food, toy or blanket, activity schedule, behavior chart, homework, etc.).

E. **Children in out-of-home care:**

For each respite episode 24 hours or more, provide notice of change in placement circumstance (temporary leave) by calling the Placement Hotline and submittal of *Placement Information Change (PIC) Notice (F063-28-301)* per CFS P&P [Placement Change Notification \(K-0209\)](#).

- F. Document all relevant communications with and/or distribution of any required forms to, parent, caregiver, respite coordinator or provider, and CFS staff in Child Welfare Services/Case Management System (CWS/CMS). See CFS P&P [Referral Compliance Contacts and Documentation \(A-0415\)](#) or [Case Compliance Contacts and Documentation \(E-0105\)](#).

**Requestor
Responsibilities**

The parent, legal guardian, or caregiver requesting respite service is required to:

- A. Seek assigned SSW approval for respite service, including start and end dates.
- B. Supply provider (for each child, at each respite episode) the following:
- *Respite Child Information (F063-25-484)*
 - Medical insurance card
 - Prescribed or over-the-counter medications in original containers
 - Copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* signed by child's physician or *Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child) (F063-25-557)* signed by a parent or legal guardian
 - As applicable, copy of court order approving psychotropic medication (i.e., *Order on Application for Psychotropic Medication JV-223*) and accompanying attachments to the order *Prescribing Physicians Statement-Attachment JV-220(A)* or *Physicians Request to Continue Medication-Attachment JV-220(B)*
 - Any items necessary for the proper care and supervision of each child (e.g., special food, toy or blanket, behavior chart, homework, etc.)
- C. Make payment for services rendered to Medical Respite provider or TOPS Coordinator, as applicable.

Note: For Medical Respite, out-of-home caregivers that paid for respite services may submit for reimbursement via *Special Medical Reimbursement Payment (F063-25-514)* to the Medical Respite Coordinator. *Special Medical Reimbursement Payment (F063-25-514)* must be filled out

completely and signed by the requestor and respite provider(s).

**Provider
Responsibilities**

Providers of respite services are required to:

- A. Complete and submit *Respite Care Provider Application (F063-25-483)* to the designated TOPS or Medical Respite Coordinator for approval.

Note: For Medical Respite providers, additional requirements include:

- Completion of child-specific training
- Certification in Cardiopulmonary Resuscitation (CPR)
- Approval by Medical Respite Coordinator, or SFS program designee, for a specific child

- B. Complete and submit to TOPS or Medical Respite Coordinator *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* for each non-dependent child living, visiting, or staying temporarily for any reason, in the respite home *prior to* provision of respite services.

Revise *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* whenever a non-dependent child's behaviors change from that which was originally documented.

- C. Ensure a *Statement of Known or Suspected Dangerous Behaviors (F063-25-86)* is completed for each child, at each respite episode, prior to accepting the child for respite services.
- D. Refrain from providing respite for any children whose behavior would be a danger to children already in the home or for any children who would be at risk of harm from a child already in the home.
- E. Complete in conjunction with requestor, *Respite Child Information (F063-25-484)* for each child, at each respite episode.
- F. Obtain authorization to seek medical care by receipt of a signed *Authorization for Medical Care (F063-28-13)* or *Respite Medical Care Authorization—Non-Dependent Children (F063-25-554)*.

- G. As applicable, obtain court order approving psychotropic medication for youth (i.e., *Order on Application for Psychotropic Medication JV-223*) and accompanying attachments to the order *Prescribing Physicians Statement-Attachment JV-220(A)* or *Physicians Request to Continue Medication-Attachment JV-220(B)*.
- H. Obtain authorization to issue over-the-counter medication by receipt of a signed copy of *Standing Medication Order for Over-the-Counter Medications (F063-12-191)* or *Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child) (F063-25-557)*.
- I. Provide quality care and supervision for recipients of respite services.
- J. Comply with CFS-administered or SSA-contracted Respite Care program requirements.

Coordinator Responsibilities

TOPS and Medical Respite Coordinators are required to:

- A. Follow all conditions set by SSA Contracts and/or CFS policy.
- B. Approve or disapprove respite provider applications. Homes with a designated “hold status” are prohibited from providing respite services until the “hold” is lifted. See CFS P&P [Placement Holds \(K-0119\)](#).

Note: For Medical Respite, monitor and ensure adherence to any additional requirements (e.g., child-specific training, CPR certification, etc.) for providers under the Medical Respite program.

- C. Coordinate with assigned SSW/designee, parent/guardian, or caregiver on referrals received and gather necessary information to locate an appropriate provider.
- D. Make all reasonable efforts to match a provider for each child requiring respite service.
- E. Create and retain respite provider files as designated by the TOPS SSA Contract or Medical Respite Coordinator’s DD, whichever is applicable.

- F. Submit copies of approved *Respite Care Applications (F063-25-483)* to Resource Family Approval and Support Program (RFASP) Placement Focus Unit supervisor.
 - G. Process accounts receivable and accounts payable functions to ensure billing of requestors for services received and payment to providers for services rendered.
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REFERENCES

Attachments and Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [CWS/CMS Data Entry Standards—Temporary Leaves](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- [CFS Intranet Web Page—Time Out for Parents \(TOPS\) Respite Care Program](#)
 - [CFS Intranet Web Page—Respite Care \(Special Medical Program\)](#)
 - [CFS Intranet Web Page—Secure Communication Management System \(SCMS\)](#)
 - CFS P&P [Substitute Supervision \(D-0408\)](#)
 - CFS P&P [Special Medical Placements \(K-0801\)](#)
 - CFS P&P [Maintaining Connections with Important Persons \(D-0410\)](#)
 - CFS P&P [Extracurricular Activities \(D-0402\)](#)
 - CFS P&P [Team Decision Making \(D-0308\)](#)
 - CFS P&P [Out-of-Home Placement \(K-0208\)](#)
 - CFS P&P [Medical Care Authorization \(I-0206\)](#)
 - CFS P&P [Placement Change Notification \(K-0209\)](#)
 - CFS P&P [Placement Holds \(K-0119\)](#)
 - CFS P&P [Referral Compliance Contacts and Documentation \(A-0415\)](#)
 - CFS P&P [Case Compliance Contacts and Documentation \(E-0105\)](#)
 - CFS P&P [SCIAP Funds Requests \(D-0603\)](#)
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Other Sources Other printed references include the following:

None.

FORMS

Online Forms Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Specialized Medical Training Documentation	F063-25-455
Respite Care Referral Form	F063-25-319
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Respite Medical Care Authorization—Non-Dependent Children	F063-25-554
Standing Medication Order for Over-the-Counter Medications	F063-12-191
Permission for Respite Caregiver to Administer Over-the-Counter Medications (Non-Dependent Child)	F063-25-557
Respite Child Information	F063-25-484
Respite Child Information (Spanish)	F063-25-484Sp

Hard Copy Forms

Forms that can be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
Respite Care Application	F063-25-483
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Consent for Physical Examination and Medical Care	F063-28-13
Consent for Physical Examination and Medical Care (Spanish)	F063-28-13Sp
Consent for Physical Examination and Medical Care (Vietnamese)	F063-28-13VN
Placement Acco	F063-25-106

**CWS/CMS
Forms**

Forms that may **only** be obtained in CWS/CMS are listed below. **For reference purposes only**, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
Placement Information Change (PIC) Notice	F063-28-301
Statement of Known or Suspected Dangerous Behaviors	F063-25-86

Brochures

Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[Welfare and Institutions Code Section 16501\(b\)](#) and California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) [Division 31-002\(r\)\(6\)](#) define Respite Care.

CDSS MPP [Division 31-315.4\(j\)](#) identifies Respite Care as one of the service-funded activities available through child welfare and outlines parameters of the specific respite activity.

CDSS MPP [Division 31-310.16 and 31-310.161](#) mandate respite providers receive information on any known or suspected dangerous behavior of a child and that provision of such information be documented in the case record.

CDSS [All County Information Notice \(ACIN\) I-15-16](#) provides guidance on the use of respite care as a child abuse and neglect prevention strategy for at-risk families.

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions were published.

- July 28, 2008
- December 13, 2011
- September 21, 2016