

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

Effective Date: March 2, 2007
Revision Date: April 12, 2022

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.
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Approved	This policy was approved by Christine Snapper, Director of CFS. <i>Signature on file.</i>
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Most Recent Revision	<p>This revision of the Policy and Procedure (P&P) incorporates:</p> <ul style="list-style-type: none">• Updated information on respite care services eligibility criteria• Clarification on “exceptional circumstances” guidelines for respite care beyond fourteen (14) days in a single month• Clarification on use of respite care within seven (7) days of a previous respite care episode, which requires a 24-hour period between each respite care episode• Clarification on respite care payments and costs• Removal of reference to a specific provider (i.e., TOPS)
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Background	One service available to families involved in the child welfare system is respite care. Respite care provides parents and other caregivers with short-term child care services that offer temporary relief from parental or caregiving duties, improve family stability, and reduce the risk of abuse or neglect. Respite can be planned or offered during emergencies or times of crisis. It differs from babysitting or other types of substitute care and supervision in that it is a time-limited service and must be provided by an approved respite care provider.
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Definitions	For the purpose of this P&P, the following definition applies:
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Respite Care: The provision of prearranged, temporary, and periodic care provided by an approved substitute caregiver during the absence or incapacitation of a parent, adoptive parent, legal guardian, approved (via emergency placement, Resource Family Approval [RFA] or court) relative/nonrelative extended family member (NREFM), or approved RFA Resource Family (RF) caregiver 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, other parameters for use may apply to Foster Family Agencies (FFAs) and select CFS service options (i.e., Wraparound, Treatment Foster Care Oregon-Orange County [TFCO-OC], Intensive Services Foster Care [ISFC] and Emergency Shelter Homes [ESH]). Staff may consult with the service or contract provider to determine if additional parameters apply.

[Welfare and Institutions Code \(WIC\) Section \(§\) 16501\(b\)](#) defines respite care and provides that a respite care episode may be extended up to fourteen (14) days in a single month.

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 of medical/dental appointments, attendance of a support program, attendance in a short-term treatment program, completion of a required room reconstruction/repair, etc.).

And each of the following conditions apply:

- The relief is not for the purpose of providing routine, ongoing child 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 another 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 designated Respite Care program

**Respite
Options**

Respite Care programs available include:

A. **SSA-Contracted Respite Care**

This respite care program is administered by a community agency under contract with SSA. All respite providers are approved RF caregivers and/or approved/certified respite care caregivers.

1. **Population Served**

Per SSA contract agreement, respite care services are available to parents and caregivers of children and youth ages zero to 17 years and to Non-Minor Dependents (NMDs) ages 18 to 20 years who meet one of the applicable following criteria:

- a. Identified as at-risk of abuse or neglect, including those referred by their birth/adoptive parents and legal guardians, those receiving voluntary services or those referred by SSA.
- b. Placed in an emergency shelter home (ESH), a relative/NREFM home, or an approved RF home.
- c. Birth/adoptive children of resource parents in the home at the time respite services are to be provided.
- d. NMDs 18 to 20 years of age in need of temporary respite due to special circumstances, such as a medical condition that requires adult supervision.

- e. Referred by SSA's Family Self Sufficiency (FSS) Domestic Abuse Services Unit (DASU) or by an SSA-contracted Wraparound Program provider.
- f. Have special medical needs including those who are physically disabled or handicapped, suffer emotional or behavioral disorders, or exhibit severe health problems.

2. **Service Parameters**

Per SSA contract agreement, the following parameters apply:

- a. Respite requests can be for a minimum of one (1) hour, up to a maximum of fourteen (14) days with required approval from a Deputy Director (DD) or designee per respite episode and cannot exceed 504 hours per year per child.
- b. In exceptional circumstances, an additional respite care episode within seven (7) calendar days of completion of a preceding episode may be provided with DD or designee approval.
- c. A minimum of 24 hours between each respite care episode is required.
- d. A maximum of 504 hours per child, per year is allowed.

Note: A respite care episode may be extended up to a maximum of 14 days in any one month with DD or designee approval. On rare occasion, another episode may be needed immediately after a 14-day episode. As noted above, DD or designee approval is required to start another episode within 7 days of a previous episode, and there **must** be a minimum 24-hour period before the second approved respite care episode can begin. During this 24-hour respite care break period, alternative arrangements for the child's/youth's care need to be made.

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 caring 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 an FFA approved home or who reside with a parent are not eligible to receive medical respite services. At the discretion and approval of the Special Medical Program Manager (PM) or designee, children who reside with a legal guardian may be eligible. FFAs may consult with Special Medical Placement staff to assist with identifying other respite resources. Parents may request respite care for children with special medical needs through the SSA-contracted program.

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 Special Medical Unit Supervisor and PM or their respective designees. 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 but are not limited to the following:

- Extended visitation with a parent, relative or NREFM
- 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 childcare 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 \(K-0208\)](#) and RFA Desk Guide [Emergency Placements Protocol](#)
- Exploration of placement support or relief options pursuant to CFS P&P [Child and Family Teams \(D-0314\)](#)
- 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
- In-Home Support Services (IHSS) if applicable and eligible ([ACIN I-55-21](#))
- Family Urgent Response System (FURS) if applicable and eligible ([ACIN I-29-21](#))

Note: Any placement change requires completion of established placement procedures outlined in CFS P&P [Out-of-Home Placement \(K-0208\)](#) and/or RFA Desk Guide [Emergency Placements Protocol](#).

Respite Payment and Costs

For children in out-of-home care whose caregiver receives foster care payments, respite care for each child is billed at the daily foster care rate received by the caregiver.

For Medical Respite, the caregiver pays the respite provider directly and may be reimbursed through Specialized Care Incentive and Assistance Program (SCIAP) funds as outlined in the CFS P&P [SCIAP Funds Requests \(D-0603\)](#).

For SSA-contracted Respite Care, the coordinator will pay the respite care provider directly and will bill, as applicable, the requesting caregiver.

Biological/Adoptive parents and legal guardians receive respite care services free of charge.

**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 (e.g., court-ordered visitation, child's therapy/service provider appointments, etc.), 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 the "Alternative Options" section.

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

1. **SSA-Contracted Respite Care**

Telephone call to Respite Care Coordinator to request services and follow-up with submittal of completed [Respite Care Referral \(F063-25-319\)](#) via Secure Communication Management System (SCMS) email or facsimile as soon as possible, but no later than the close of the following business day. See [CFS Intranet Resources](#) for [SCMS Materials and/or Guides](#).

Note: The [Respite Care Referral \(F063-25-319\)](#) is accessed, completed and saved in Child Welfare Services/Case Management System (CWS/CMS) and contains the contact information for the SSA-contracted Respite Care agency.

2. **Medical Respite**

Telephone call to Medical Respite Coordinator (SFS Special Medical Placement Coordinator) and if requested by the coordinator, 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 and child's relationship to 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 drop off/pick up of child, requirement of special transportation equipment, allergies, etc.)

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

C. Complete and submit or provide the following forms, as applicable and/or if requested by the designated Respite Coordinator (i.e., SSA-contracted or Medical Respite) for each child, at each respite:

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

Note: Relative/NREFM and RF 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. 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. Request 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.).

Note: The Respite Care Coordinator and/or the respite care provider will also communicate and work with the requesting parent/caregiver in order to obtain needed information, documents

and/or payment. For open SSA cases, should a parent/caregiver or a Wraparound SSA-contracted provider request respite care services directly from the Respite Care Coordinator, the coordinator will reach out to the assigned SSW as applicable to obtain referral approval, request needed forms and verify any case management logistics.

E. Conduct the following Placement Notice requirements for children in out-of-home care:

1. For each respite episode 24 hours or more, provide notice of change in placement circumstance (temporary leave/respite) as follows:

a. Call the Placement Hotline at (714) 704-8407

b. Submit a [Placement Information Change \(PIC\) Notice \(F063-28-301\)](#) per CFS P&P [Placement Change Notification \(K-0209\)](#).

2. Notify the child's parent/legal guardian of the child's temporary respite care episode and coordinate any necessary visitation/contact arrangements for this time period per CFS P&P [Out-of-Home Placement \(K-0208\)](#).

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

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 Leave](#)

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—SSA-Contracted 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 [Child and Family Teams \(D-0314\)](#)
- 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 [Referral Compliance Contacts and Documentation \(A-0415\)](#)
- CFS P&P [Case Compliance Contacts and Documentation \(E-0105\)](#)
- CFS P&P [SCIAP Funds Requests \(D-0603\)](#)
- CFS RFA Desk Guide [Emergency Placements Protocol](#)

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
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

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
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Consent for Medical Care and Physical Examination	F063-28-13

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
Information Change (PIC) Notice	F063-28-301
Statement of Known or Suspected Dangerous Behaviors	F063-25-86
Respite Care Referral Form	F063-25-319

Brochures

Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[Welfare and Institutions Code \(WIC\) Section \(§\) 10220\(a\)](#), [WIC § 16501\(b\)](#), and California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) [Division 31-002\(r\)\(5\)](#) 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](#) mandates 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-50-16](#) notes that respite care may be extended to 14-days in any one month and identifies this support service as an effort to reach Continuum of Care Reform (CCR) goals.

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
January 31, 2017