

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION  
POLICY MANUAL**

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## **POLICY**

Respite funds allow individuals/families the opportunity to receive financial assistance to self-direct the purchase of respite services to support individuals in their most natural family environment and allow caregivers respite from daily direct caregiving activities.

## **PURPOSE**

The policy provides guidance and clarification on program requirements. Respite Care is planned care that is provided to a child or adult who has an open case with a Regional Center and meets specified Regional Center eligibility requirements, in order to provide temporary relief to primary caregivers who are providing care for the child or adult. The Respite Program is intended to assist the person served to be maintained in their natural or surrogate family home. Services include, but are not limited to, supervision in the home, allied therapy services in the community, organized community camps, and community vendors providing care and other supports. The Respite Program is intended to supplement natural supports, family strengths, and community resources available to the family. This service is not intended to replace natural supports. This service is not to be used to purchase items or medications.

## **PROCEDURE**

### **A. PROCESS**

1. The financial eligibility for Respite is based on applicable federal poverty guidelines per household. Financial eligibility will be reviewed annually or when there are changes to the household income.
2. The family is responsible to submit annual required financial documentation per Regional Center guidelines. This will require submission of their most recent federal income tax return or a signed statement indicating that a tax return was not filed.
3. The Regional Center ASO and Agency Manager will manage the budget and waitlist. The monthly allocation will be determined by the legislatively approved amount of funding in this budget category and the number of consumers utilizing respite the previous fiscal year, taking into consideration anticipated consumer growth or decline. The monthly allocation will be the same amount statewide. For minor children living in rural counties, approval through the county of residence of the custodial parent is needed prior to offering the service through the Regional Center.
4. Individuals who receive intermittent Supported Living Arrangement (SLA) services in the family home, Shared Living supports, or Self-Directed Family Support Services are eligible for respite services. Individuals who receive services from ATAP are also eligible for respite services. Children in family foster homes are eligible to receive respite services.
5. Individuals receiving 24-hour Intensive or intermittent SLA services outside the family home are not eligible to access respite funding.
6. Respite services may have a waitlist due to budgetary constraints. If there is a waitlist for respite services, the Service Coordinator will submit a service request to their supervisor to add the person to the waitlist. Waitlist determinations are based on priority of need and length of wait and/or financial availability. Respite funding can be discontinued at any time based on availability of state funding or if funding is not being used for the intended purpose. Priority of need is defined as:

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- a. Priority 1 - receiving no paid supports
  - b. Priority 2 - receiving wrap-around services, to include SLA, Shared Living, Self-Directed Family Support Services, and other types of paid supports.
7. Families will be notified by their assigned Service Coordinator when the service is approved. Individuals/families will be required to complete the Annual Respite Agreement and the Respite Packet. It is the responsibility of the family to complete and return the Respite Packet by the annual deadline. All forms and information included must be completed prior to review and approval or disapproval of the packet. All Providers must be at least 18 years of age. Parents or guardians are responsible to ensure that those persons designated as providers in this program meet age requirement and are able to perform the respite service with due care and diligence.
  8. Providers of respite cannot be the biological or adoptive parent(s), stepparent, foster parent(s), guardian, spouse, or primary caregiver(s).
  9. Providers of the respite program must be eligible for payment through the State of Nevada Vendor program before services can be funded. It is the caregiver's responsibility to ensure that the provider W-9 paperwork is filed with the Regional Center respite program.
  10. It is the responsibility of the family to complete and return the Respite Packet to include the Family Respite Agreement, State of Nevada W-9 and provide identification.
  11. Individual's respite needs will be identified in the Person-Centered Plan.
  12. The parent or caregiver of the person served in the respite program is responsible for negotiating the rate of pay to providers and will sign all invoices to confirm that the service was provided.
  13. Unless otherwise authorized by the Agency Manager, or designee, all respite allocations must be used on a monthly basis unless the individual/family submits a written request and receives approval from the Agency Manager or designee for alternate funding arrangements within the fiscal year. Families who do not use respite funds for two consecutive months may have their Respite Agreement terminated unless a pre-approved request for alternate funding is in place -or if special circumstances regarding the nonuse exist.
  14. A parent/caregiver must request in writing the option to save their respite allocation for an identified period to pay for an organized vacation camp, evidenced-based therapeutic and/or behavioral program. This request must be submitted to the Service Coordinator and pre-approved by the Agency Manager or designee in advance.
  15. Respite services must be provided and paid for within the same fiscal year that service occurred. Billing submitted after the 10th of each month will be considered late billing and may be denied payment.
  16. The parent or caregiver of the person served will be financially responsible for any funds utilized above and beyond the respite allocation or if respite services are provided prior to Regional Center approval.

**B. BILLING OF SERVICES:**

1. Providers are responsible to have the appropriate billing paperwork completed and signed by the parent/caregiver confirming the respite hours were provided. Parents/caregivers are

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responsible for ensuring that invoices are forwarded to the Regional Center for processing and payment.

2. Invoices received 60 days after the date of service may **NOT** be reimbursed.
3. Invoice dates cannot precede the signature dates provided on the Family Respite Agreement, which is the contract binding the respite service.
4. Invoices must be submitted to the Regional Center business office by the 10th of the following month that the services are provided in order to be processed that month. Invoices received after this time frame may result in Respite Service Administration:

**C. APPEALS PROCESS:**

1. The parties mutually agree that the Agreement and/or Vendor status may be terminated upon thirty (30) days prior written notice by any party to the other. In the event of such termination, the Provider agrees to turn over to the state agency any and all data, information, recommendations, materials and reports collected or prepared by them, pertaining to the service agreed to be provided to the Agency. The parties acknowledge that funding under this agreement is expressly conditional on the availability of the State, County and Federal funding for these services.

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**ATTACHMENTS (CLICK BELOW)**

**CHAPTER 36 FORMS**

- Attachment A - [Income Eligibility Application for Services - English](#)  
[Income Eligibility Application for Services - Spanish](#)
- Attachment B - [Respite Letter - English](#)  
[Respite Letter - Spanish](#)
- Attachment C - [Respite Reimbursement Request Form](#)
- Attachment D - [Respite Distribution Request](#)
- Attachment E - [Respite Eligibility Letter - English](#)  
[Respite Eligibility Letter - Spanish](#)
- Attachment F - [Income Tax Declaration - English](#)  
[Income Tax Declaration- Spanish](#)
- Attachment G - [Instructions for Income Eligibility Information - English](#)  
[Instructions for Income Eligibility Information - Spanish](#)
- Attachment H - [Reporting Responsibilities for Income Eligibility- English](#)  
[Reporting Responsibilities for Income Eligibility- Spanish](#)
- Attachment I - [Statement Regarding Unemployment- English](#)  
[Statement Regarding Unemployment - Spanish](#)
- Attachment J - [Things to Remember- English](#)  
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- Attachment K - [Unearned Income - English](#)  
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- Attachment L - [Direct Deposit Authorization - English](#)  
[Direct Deposit Authorization - Spanish](#)
- Attachment M - [Aging and Disability Services Division Family Respite Agreement](#)
- Attachment N - [Samples](#)
- Attachment O - [State of Nevada Vendor Registration](#)

Approved By		
Title	Signature	Date
Deputy Administrator		11/8/18
Division Administrator or Designee		11/13/18
Document History		
Revision	Date	Change
1	7/31/2018	Eligibility update
2	11/8/2018	Eligibility update