Respite Care
Service Standard

**HRSA Definition:** Respite care is the provision of 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 responsible for the day-to-day care of an adult or minor living with HIV.

**Limitations:** Funds may not be used for off premise social/recreational activities or to pay for a client’s gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

**Services:** Services funded under this category are provided in community 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.

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.

**Program Guidance:** Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.
**Service Standard and Performance Measure**

The following Standards and Performance Measures are guides to improving health outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

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<th>Standard</th>
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| **Initial Brief Assessment:** Agency staff will initiate an intake within five (5) business days of the referral to include:  
  - Client’s support system.  
  - Needs of the client.  
| Percentage of clients with documented evidence of an initial brief assessment completed within five (5) business days of the referral in the client’s primary record.  
Supporting documentation of the need for respite care will be included in the assessment.  
If informal respite care is to be used, assessment must include qualifications of the client’s personal support network provider.  
|
**Plan of Care:** In collaboration with the client and client’s family, a plan of care will be developed within ten (10) business days of initial brief assessment. The plan of care should be signed and dated by both the client and/or client’s family or legal guardian 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.

The Plan of Care should include:
- Objective for respite care
- Estimate the number of respite care visits anticipated/services to be provided
- Setting type respite services will be provided in for the client

Documentation that plan of care is being followed may include at a minimum:
- 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.

Plan of care should be reviewed at least every six (6) months to see if progress is being met towards meeting objective of the respite care with documentation present in the client’s primary record.

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<th>Percentage of clients with documented plan of care developed within ten (10) business days of the initial brief assessment in the client’s primary record.</th>
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<td>Percentage of clients with updated and reviewed plans of care every six (6) months documented in the client’s primary record.</td>
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### Referrals:
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 is made.

Documentation of referral and outcome of the referral is present in the client’s primary record.

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<th>Percentage of clients with documented referrals for services beyond the scope of respite care provider in the client’s primary client record.</th>
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<td>Percentage of clients that were referred to another level of care have documentation of referral outcome in the client’s primary record.</td>
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### Discharge:
The agency and client will collaborate on a discharge plan once objectives have been met.

Reasons for discharge may include:
- Services are no longer needed
- Services needed are outside the scope of respite care
- Client is deceased
- Client has moved out of the area
- Unacceptable client behaviors
- Client has not attended or received respite care per agency policy and procedure

| Percentage of clients with documented evidence of reason for discharge in the client’s primary record. |
References


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