

CHAPTER 180
RESPITE CARE SERVICES

PREAMBLE

These rules define and structure the respite services program. This program is designed to provide temporary care to children to sustain the family or other primary caregiver by providing time-limited and temporary relief from the ongoing responsibility of care. These services may be provided on either a planned or emergency relief basis in a variety of settings, including, but not limited to, the family's home, in a facility licensed to provide services to children, or in a respite care provider's home.

Respite services are accessed in conjunction with other departmental service programs and the eligibility criteria, application procedures, and provisions for termination of service are unique to those programs as set forth below.

DIVISION I
FAMILY-CENTERED RESPITE SERVICES

441—180.1(234) Definitions.

“Child” means a person under 18 years of age.

“Child with developmental disabilities” means a child with a severe, chronic disability as defined in rule 441—182.1(234).

“Child with mental retardation” means a child aged 18 and under who meets the definition of “Persons with mental retardation” as set forth at rule 441—22.1(225C).

“Respite care services” are support services that provide temporary care to children with mental retardation or other developmental disabilities who would otherwise enter or continue group care or foster family home placement. The purpose of these services is to sustain the family by providing time-limited and temporary relief from the ongoing responsibility of care normally provided by the child's parent or legal guardian. These services may be provided in a variety of settings, including, but not limited to, the family's home, an accredited camp, a licensed foster care home, a registered day care home, or a licensed child care center.

“Respite provider” means an organization or camp that has entered into a purchase of service contract with the department to provide respite care services.

441—180.2(234) Eligibility. Families with children shall be eligible for respite care services when the department has determined eligibility exists for MR/DD family-centered services as outlined in 441—subrule 182.2(2) and the children are not eligible for Medicaid waiver services.

441—180.3(234) Application. Application for family-centered respite services shall be made according to 441—Chapter 130 on Form SS-1120-0, Application for Social Services. Families who have terminated services may reapply for services and shall be handled as new applications.

Respite care services shall only be funded from the MR/DD family-centered services allocation. The regional office shall manage the funds available to the region for the purchase of respite care services in accordance with the procedures established in rule 441—182.3(234).

441—180.4(234) Time limits. The delivery of respite care services shall follow the time limit guidelines set forth in rule 441—182.4(234). In addition, respite services shall be limited to 288 hours per child every six months. In cases where the family is receiving other MR/DD family-centered services, the six-month period shall begin with the date of initial provision of the other family-centered services. In cases where the family is receiving only respite services, the six-month period shall begin with the date of the initial provision of respite services.

441—180.5(234) Method of service provision. All families receiving respite care services shall receive social casework from the department as defined in 441—Chapter 131. The department worker shall determine with the family the service setting and intensity and service provider or providers who are available and willing to deliver the necessary respite services.

A respite care service may constitute a complete family-centered service plan. Other family-centered services may be provided with a respite care service.

441—180.6(234) Unit of service and unit rates. The provision of respite care services through purchase of rehabilitative treatment and supportive service contracts shall follow the requirements and procedures of 441—Chapter 152 and rules 441—185.101(234) to 441—185.108(234). One-half hour of service to each eligible child shall be considered one unit of service.

180.6(1) Direct contact unit rates. Service billings for family-centered respite care services shall be based on one-half hour, or portion thereof, of the direct provision of respite care services for each child. Monthly cumulative units shall be rounded up or down to the nearest whole unit.

180.6(2) Allowable indirect costs. Administrative and transportation costs shall be allowable indirect costs subject to the restrictions set forth in rules 441—185.101(234) to 441—185.108(234). Allowable transportation costs shall be limited to those involved in delivering respite services to the eligible child and may include provider costs in transporting the child to receive medical care, participate in school or recreational activities, or attend other activities that occur during the respite services period.

441—180.7(234) Respite care service provider qualifications.

180.7(1) Respite care provided by organizations.

a. In-home respite. Persons employed by the respite care provider to deliver respite care services in the family's home shall have a minimum of one year of experience in providing child care for children with mental retardation or developmental disabilities. (See 441—subrule 182.8(1))

b. Out-of-home respite. Persons employed by the respite care provider to deliver respite care services in their home shall meet the experience requirements specified in subrule 180.7(1) and the home or facility shall meet one of the following licensing or registration requirements:

(1) Shall be a licensed foster care home.

(2) Shall be a registered day care home. A written assessment of the physical setting is to be completed by the purchase of service agency prior to approval of the home for respite care services. This assessment shall include documentation that the home meets all the standards listed in 441—Chapter 110 for family and group day care homes.

(3) Shall be a licensed child care center. A written assessment of the physical setting is to be completed by the purchase of service agency prior to approval of the center for respite care services. This assessment shall include documentation that the center meets all the licensing standards outlined in 441—Chapter 109 for child care centers.

180.7(2) Out-of-home respite care provided by camps. Camps shall be accredited by the American Camping Association.

441—180.8(234) Adverse service actions. Services may be denied, terminated, or reduced according to rule 441—130.5(234).

441—180.9(234) Appeals. Decisions made by the department or its designee adversely affecting clients may be appealed pursuant to 441—Chapter 7.

441—180.10(234) Determination of regional allocations. Each region's portion of the state family-centered MR/DD respite services appropriation shall be based 40 percent on the region's proportion of the department's statewide fiscal year 1993 expenditures for children and family services, excluding the appropriations for group foster care, and 60 percent on the region's proportion of the state child population, aged 0 through 17, according to the 1990 census.

These rules are intended to implement Iowa Code section 234.6.

DIVISION II
Reserved

[Filed emergency 10/15/92—published 11/11/92, effective 10/15/92]

[Filed 1/14/93, Notice 11/11/92—published 2/3/93, effective 4/1/93]

[Filed emergency 5/11/94 after Notice 3/16/94—published 6/8/94, effective 6/1/94]

[Filed 6/16/94, Notice 5/11/94—published 7/6/94, effective 9/1/94]

[Filed 10/12/95, Notice 8/2/95—published 11/8/95, effective 1/1/96]