

Texas Department of State Health Services
 YES Waiver

SERVICES
 RESPITE
 IN-HOME

2400.10

SERVICE
 DESCRIPTION

In-home respite service is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative (LAR) or other primary caregiver of a Waiver participant.

LIMITATIONS

A maximum of 720 consecutive or cumulative hours (30 days) of respite service of any type, or combination of any type, can be provided to a participant, each service plan year.

In-home respite cannot be provided at the same time as supportive family-based alternatives, community living supports, supported employment, or employment assistance.

Federal financial participation is not to be claimed for the cost of room and board, except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

SETTINGS

In-home respite service is provided:

1. Within the State of Texas; and
2. In the private residence of:
 - a. The participant; or
 - b. A relative of the participant other than the parents, spouse, legal guardian, or LAR.

SAFETY
 CHECKLIST

The Waiver provider agency must complete a Building Safety and Environmental Health Checklist prior to the provision of in-home respite service, available at: <http://www.dshs.state.tx.us/mhsa/yes/>

CRISIS AND SAFETY
 PLAN

The Waiver provider agency must provide a copy of the participant's crisis and safety plan to the respite provider.

PROVIDER
 QUALIFICATIONS

An in-home respite provider:

1. Must be at least 18 years of age;
2. Must have a current Texas driver's license;
3. Must have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual]; and
4. May be a relative of the participant other than the parents, spouse, legal guardian, or LAR.

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WRAPAROUND PLAN	The Wraparound Plan must describe the type, scope, and duration of the service.
PROGRESS NOTES	<p>Progress notes are required for the provision of in-home respite service and must include:</p> <ol style="list-style-type: none"> 1. Participant name; 2. Date of contact with the participant; 3. Start and stop time of contact with the participant; 4. Service name and description; 5. Service location; 6. Participant response to respite service being provided; 7. Summary of activities, meals, and behaviors during the service; and 8. Direct service provider's signature and credentials.
PROVISION OF SERVICE	The provider must document the provision of in-home respite service by maintaining up-to-date progress notes, which will be reviewed by the Department of State Health Services.
PROGRAM TRAINING	Prior to providing respite services, an in-home respite provider must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.
BILLING	Information regarding unit designation, payment rate, and required documentation for submitting a claim for in-home respite is detailed in BILLING, RESPITE, IN-HOME, policy 2600.11 of this manual.