



# RESPITE CARE

## FAMILY GUIDE

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## **What is Respite Care?**

- Respite Care is the most frequently requested service among families. Respite Care provides **temporary** relief to the primary caregivers of a person with a developmental disability or severe emotional disturbance.
- The Respite Care Program's goal is to strengthen the family unit to prevent parents/guardians from becoming stressed and fatigued so that they can no longer cope with the daily needs of their loved one. Respite care on a regular basis can help to increase family social activities and interactions, reduce stress in families, reduce the risk of abuse and neglect, and reduce the risk of out-of-home placement.
- Respite Care provides families relief for a few hours, a weekend, or longer. How a family spends their respite time is up to them. Some parents run errands, go to appointments, exercise, or go out to eat. Families can take vacations, visit relatives, or enjoy community events.
- Respite Care may benefit the person receiving care also. It gives the individual a chance to meet and spend time with people outside of the family, opening opportunities to develop independence and social skills.

Please note that Respite Care is not a substitute for childcare, day services, day programming or when the child/adult is participating in another Medicaid covered services such as private therapy or service covered by CLTS.

## **Respite Care Providers**

- Respite Care Providers include a person with training in education, nursing, childcare, and/or rehabilitation.
- Respite Care Providers consist of foster parents, college students, teachers, paraprofessionals, certified nursing assistants, and relatives of individuals receiving care, as well as other community members.
- Respite Care Providers are carefully screened and trained by the staff of the Respite Care Program. Screening consists of criminal background checks and interviews. An additional home visit is conducted if the respite takes place in a Foster Respite Home.

- Respite Care Providers are matched with families according to their schedules, preferences, and skills.

## **Types of Respite Care**

- **In-home respite** is care that is provided in the family's home. Providers are trained employees of ASPIRO. In-home respite Providers are not allowed to take clients to the Providers' homes during a respite period unless they are screened and certified to be foster respite providers. In-home respite providers are not allowed to bring their children, grandchildren, friends, etc. along during respite.
- **Foster respite** is provided in the Provider's home. Providers are employees of ASPIRO who undergo a screening process similar to the State Foster Home Licensing procedure.

## **General Guidelines**

- Respite care is available 365 days of the year 24 hours a day contingent upon the availability of a Respite Care Provider.
- In the case of a client's communicable disease (cold, flu, etc.), respite care may be provided upon the discretion of the Respite Care Provider.
- Transportation to the client's home is the responsibility of the Respite Care Provider. Transportation to a foster respite home is the responsibility of the family. ***A Respite Care Provider cannot take a Client outside of Brown County without prior Aspiro approval.***
- Respite Care Providers may take the client out of the home; e.g., restaurants, community events, etc., during respite with permission from the client's parent or guardian. ***ASPIRO does not reimburse for travel or activity expenses.*** For children enrolled in the CLTS program, mileage reimbursement may be applicable if there is an authorization in place and included in the child's ISP. ***Reimbursement for mileage, admissions, meals, etc. can be reimbursed through a separate agreement between the family and Respite Care Provider.*** It is recommended that families offer to give the Provider some extra money to cover expenses if the family is requesting community activities.
- The Respite Care Provider's primary responsibility is to care for the client. Housekeeping

duties are required only as part of the client's care.

- Gloves for personal care should be provided by the family.
- Any change of name, address, or phone number must be reported to ASPIRO.
- Families must inform Aspiro's Manager of Children's Services of any changes in care.
- Families needing to cancel a scheduled respite should contact the Respite Care Provider as soon as possible. If the Provider cannot be reached, families should notify ASPIRO.
- ***ASPIRO is not responsible for damage to property during a respite period. This is the responsibility of the client/family. Liability protection typically is included in homeowner's/renter's insurance and this should cover damage to property.***
- Respite Care Provider's hours must not exceed 40 hours in one week (Sunday through Saturday), not including unpaid sleep time. If a situation arises where you would like to schedule for more than 40 hours in one week, you and/or the Respite Care Provider need to contact Aspiro's Manager of Children's Services to request approval **prior** to the respite care being scheduled. Approval may or may not be granted depending on circumstances.

## **Care Sheets**

- "Assessments" are performed by Respite Care Program staff to:
  1. Develop or update client Care Sheets.
  2. Assess family's respite needs.
- The "assessment" is conducted in the family's home and the client must be present.
- A copy of the Care Sheets is sent to the Respite Provider prior to the pre-placement visit as a training tool to assist them.
- Families enrolled in Family Care, IRIS, Lakeland and the CLTS also complete annual assessments with their Case/Care Manager. Families work with their Case/Care Manager to establish the respite care allotment.

## **Allotment**

- Families in the program funded by an outside funding source are assigned a specific dollar allotment, or allotment of hours, for respite care per month or per calendar year. The allotment is individually determined by each family and their Case/Care Manager.
- For clients on the CLTS, Respite Care may be used at any time during the calendar year (January 1-December 31), but the remaining allotment cannot be carried over into the next year. For adult clients, please check with your Care Manager about how your allotment works.
- ***It is the family's responsibility to make sure they do not exceed their allotment. Respite Care Program staff will also call the family if it is noticed that their hours are running low.***
- ***The family will be billed for the full cost of any respite care exceeding their allotment.***
- In the case of overnight care, a 24-hour shift uses only 16 hours of respite care. For shifts of less than 24 hours, all hours are deducted from the allotment. Respite Care Providers are not allowed to work more than 40 hours in one week WITHOUT prior approval of Aspiro (Sun. through Sat.).

## **Sibling Care**

Care for siblings and payment thereof is an agreement between the family and the Respite Care Provider. The family and Respite Care Provider must agree on a rate to be paid and the family pays the provider directly. ***Sibling Care is not part of Aspiro's Respite Program. The Respite Care Provider is not acting as an Aspiro employee when caring for siblings. Aspiro is not a party to any agreement between the family and the Respite Care Provider related to sibling care.***

## **Private Pay**

- Families wishing to purchase their own respite after exhausting their allotments may do so and will be charged the same rate as is charged to the funding source. Families on a waiting list or not eligible for funding may enter a private pay contract with ASPIRO. New contracts are negotiated at the start of each new calendar year as rates may change.

- Invoices for private pay respite are sent every two weeks and must be paid within 30 days. ASPIRO reserves the right to require payment in advance for future services if there is a failure to pay for respite services by the due date.

## **Matches/Pre-placements**

- Matches will be based upon the availability and skills of the provider, interests and preferences of the provider and client and the needs of the client.
- If the Provider is available for respite, Aspiro's Manager of Children's Services will share information on the client's care (verbal information as well as a copy of the client's Care Sheets.
- If the Provider feels competent caring for the client, based on the given description, a pre-placement meeting will be arranged. During a pre-placement, the Respite Care Provider, the client, and the family meet in the home where the respite is to take place, to further determine the appropriateness of the match. When using an in-home provider, the pre-placement will be in the family's home. When using a foster respite provider, the pre-placement will be in the Provider's home.
- ASPIRO covers the cost of pre-placements and further necessary training for Respite Providers. Training costs will not be charged to the family's respite care allotment.
- All information (care sheets, forms, timesheets, etc.) is confidential and is not shared with any person other than Respite Care Program staff, the family and the provider to whom it is given.

## **At The Time of Respite**

### **Emergency-Medication Forms:**

- The family is responsible for informing Aspiro of any medications needed before the respite placement begins.
- The Respite Care Provider is required to report in MITC if any prescription medications were given.

- It is the Respite Care Provider's responsibility to report in MITC any medications that were given, as well as reporting if there were no medications given.

### **In Case of Emergency:**

- Should an emergency occur that requires medical attention, the Provider will take the Care Sheets and Emergency-Medication Form with them to the hospital. At the Provider's earliest convenience, the family or emergency contact person will be notified.
- The client will not be left unattended until the family or emergency contact person relieves the Provider of their duties.

## **Requesting Respite**

- Call the Respite Care Provider regarding:
  1. The date(s) of respite.
  2. Approximate times of departure and return.
- Depending upon the circumstances, it may be difficult for Respite Providers to accommodate requests of less than three hours. Whenever possible, it would be appreciated if families would request periods of at least three hours of respite.
- Scheduling guidelines:
  - Call the Provider/Manager at least one month in advance for a week request.
  - Call the Provider at least two weeks in advance for a weekend request.
  - Call the Provider at least one week in advance for a day request.

### **SHORT NOTICE RESPITES ARE POSSIBLE BUT ARE NOT GUARANTEED.**

- Contact Aspiro's Manager of Children's Services to find a new Provider if current Providers are unavailable.

## **Time Sheets**

- *It is the family's responsibility to approve the Provider time sheets after the respite care has taken place, and in the MITC system..*

- Check time sheets for accuracy. Make sure:
  1. That hours are indicated as a.m. or p.m.
  2. That when respite is provided for 24 consecutive hours, the office deducts eight (8) hours of sleep, not the Provider. However, if client care duties are required during sleep time, and if the Provider does not receive five (5) hours of consecutive sleep, the Provider will be reimbursed that time. It is the Provider's responsibility to notify Aspiro. Check that the reasons indicated are valid and the times are reasonable.

## **Consumer Rights and Grievance Procedure**

ASPIRO recognizes the fundamental responsibility to protect and safeguard the rights of consumers. ASPIRO adheres to the Grievance and Appeals policies and protocols of the long-term care funding sources we have contracts with. During the intake process, consumers receive a copy of our policy, a summary of their rights per Chapter 51.61 of Wisconsin Statutes sec. 51.61 (1) and DHS 94, a step-by-step procedure for filing a grievance with pictures, and a copy of the ASPIRO Grievance Form.

A grievance is a complaint, difficulty, disagreement or dispute concerning your rights. You or your personal representative may file a grievance at any time. This policy does not limit your right to pursue other remedies, including legal action and the court process. You may not be threatened or penalized in any way for presenting your concerns.

ASPIRO has a Client Rights Specialist. This person's name is given to consumers during the intake process and is posted in our Dousman Street and Stiles Road facilities.

## **Grievance Resolution Stages**

**Stage 1:** Informal Discussion (Optional). If you feel one of your rights have been violated, you or your personal representative are encouraged to talk with your ASPIRO service coordinator or program manager. If you are able to work things out, no further actions will be taken.

**Stage 2:** Grievance Investigation by ASPIRO Client Rights Specialist. If you are unable to work things out, you or your personal representative are encouraged to fill out a Grievance Form and give it to the ASPIRO Client Rights Specialist. Once the Client Rights Specialist receives the grievance he / she will investigate it, write a report and deliver a copy of the report to you or your personal representative, the ASPIRO Vice President of programs, ASPIRO President, and the long-term care funding source within 5 business days. If you agree with the report, no further action will be taken.



**Stage 3:** Review of Investigation Report by ASPIRO Vice President of Services. If you do not agree with the report, you or your personal representative may appeal the decision with the ASPIRO Vice President of programs. He / she will review the grievance, further investigate it if warranted, write a report and deliver a copy of the report to you or your personal representative, the ASPIRO Client Rights Specialist, ASPIRO President, and your long-term Care funding source within 5 business days. If you agree with the report, no further actions will be taken.

**Stage 4:** Long-Term Care Funding Source Review. If you do not agree with the report, you or your personal representative may appeal it with your long-term care funding source.

**Stage 5:** State Grievance Examiner / Final State Review. You or your personal representative may appeal the grievance with the State Grievance Examiner, DSL, P.O. Box 7851, Madison, Wisconsin 53707. Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Supportive Living or designee at the same address.

## **Waiver of Liability**

**By participating in Aspiro's Respite Care Program you agree that Aspiro, its employees, volunteers, and other participants will not be held responsible or liable as a result of any incident which might be construed to adversely affect you or the Client's health, safety or welfare. You also understand that neither Aspiro, their employees, other participants, sponsoring agencies, and if applicable, owners and leasers on premises used to conduct the respite program will assume responsibility for any injury, disability, death, or loss or damage to person or property, accidents, medical or other expenses incurred as a result of injuries sustained during participation in the program whether arising from negligence or otherwise. You agree that by signing the acknowledgment page, you knowingly waive all rights to hold Aspiro, its employees, and volunteers liable as a result of any incident which might be construed to adversely affect your and the Client's health, safety and welfare and make this agreement in consideration of client participation in Aspiro's Respite Program.**

**RESPITE CARE**  
**FAMILY INTAKE/ORIENTATION ACKNOWLEDGMENT**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have received:

- ☒ A family manual with explanation
- ☒ Information about our allotment and how respite hours are billed
- ☒ Electronic time sheets and Emergency/Medication notification
- ☒ A written Client's Rights and Grievance Procedure with an explanation

I/we have provided accurate information about our family member.

I/we understand that we are responsible for any damage done to property during respite.

I/we have liability insurance through our homeowner's/renter's insurance.

I/we have read this manual, including the waiver of liability clause, and voluntarily and knowingly agree to the terms contained herein,

I/we understand and acknowledge our obligations and responsibilities in this Family Manual.

\_\_\_\_\_  
Signature of Guardian or Legal Representative

\_\_\_\_\_  
Name of Guardian or Legal Representative

\_\_\_\_\_  
Staff Signature