Washington State Department of Social & Health Services

DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES

WAIVER RESPITE ASSESSMENT

To be completed by staff after scoring:
Authorized respite allocation: =
_____ hours per month

CLIENT NAME:	CLIENT ID NUMBER:	DATE OF BIRTH: (MM/DD/YYYY)
CASE MANAGER: (If assessor is other than the assigned case manager, note this in the SER)		DATE OF ASSESSMENT (MM/DD/YYYY)
RESPONDENT NAME:	RELATIONSHIP TO CLIENT:	

A. Which statement most closely matches the level of monitoring this client requires:

☐ 1. **NONE** = can be left unattended. May occasionally show poor judgment, but does not require routine access to a support person.

☐ 2. **REMOTE** = can be left unattended for extended periods of time, but requires access to a support person either via telephone or someone who visits the person, but not daily.

☐ 3. **MONITORING** = can be left unattended for several hours at a time (3 – 4 hrs) to engage in independent activities, but needs access to a support person daily for guidance or personal care assistance.

☐ 4. **CLOSE PROXIMITY** = can be left unattended for short periods of time (1 – 2 hrs), provided that the environment is strictly structured and that a support person can respond quickly in an emergency situation.

☐ 5. **ONSITE** = cannot be left unattended. Requires a support person on the property at all times, at least during awake hours.

☐ 6. **LINE OF SIGHT** = cannot be left unattended. Requires a support person within the room at all times during awake hours.

B. Which statement most closely matches the status of the Primary Caregiver's care giving ability?

☐ 1. **ADEQUATE** = The client has someone who can adequately meet his or her needs.

☐ 2. **DIMINISHED** = There are issues about the caregiver which ***impact his or her care giving ability.***

Check all that apply.

☐	Physical or emotional health issues (*includes experiencing extreme stress in response to care giving responsibilities*).
☐	Lack of training or skills to handle the level of care giving required.
☐	Relationship issues with the client or family.
☐	Other issues (Please specify:

C. Is the client creating significant stresses on other household members?

☐ 1. Household members are **STABLE AND HEALTHY.**

☐ 2. Household members show **CLEARLY IDENTIFIABLE SIGNS OF STRESS** that can be directly attributed to client care or disability.

☐ 3. Household constellation is at **SERIOUS RISK OF FAILURE** due to client care or disability.

D Does the caregiver also have non-paid care giving responsibilities for other persons who are disabled, seriously ill, or under the age of 5?

☐ 1. Client is the **ONLY** person who requires direct care.

☐ 2. In addition to the client, the caregiver has direct care responsibility for **ONE** other person.

☐ 3. In addition to the client, the caregiver has direct care responsibility for **TWO OR MORE** other persons.

☐ 4. In addition to the client, the caregiver has **FULL-TIME** direct care responsibility for **TWO OR MORE** other persons who are disabled or seriously ill.

E. Do the parent(s), guarding(s), or primary caregiver(s) live in the household?

☐ 1. No.

☐ 2. Yes, one.

☐ 3. Yes, two or more.

F. Is there another adult available and willing to provide care if needed?

☐ 1. **NO** = There is no one who can provide care for the client, even on a temporary basis, if the primary caregiver should become incapacitated.

☐ 2. **YES** = There is someone available who can provide care for the client, at least at a minimal standard, if the primary caregiver should become incapacitated.

G. Does the client currently have disability-related emotional issues or behaviors that are distressing for the caregiver or other members of the household?

☐ 1. None in the past year.

☐ 2. Yes. Please list the most prominent behavior:

Considering the most prominent behavior, what is the frequency and severity of this behavior?

Frequency (check one)	Severity (check one)
☐ Less than once per month ☐ 1 – 3 times per month ☐ 1 – 4 times per week ☐ 1 – 3 times daily ☐ 4 or more times daily	☐ Minor incidents of challenging behavior (e.g., repetitive movements/questions, vocalizations) ☐ Potentially dangerous behavior (e.g., head banging, physical aggression, sexually inappropriate behavior in a client over age 12) ☐ Directed toward caregiver ☐ Directed toward self or others ☐ Seriously life threatening behavior

H. If this client has mental health issues or behaviors, what assistance does the caregiver provide to the client to help him/her keep the emotional issues or behaviors under control?

☐ 1. Does not require supervision to prevent dangerous or inappropriate behavior.

☐ 2. May sometimes require oversight or supervision, responds to **VERBAL REDIRECTION**, can exhibit self-control most of the time.

☐ 3. Requires general observation, requires occasional **PHYSICAL GUIDING OR INTERVENTION** to prevent harm to self or others, not able to exhibit self-control most of the time.

☐ 4. Requires in-sight supervision at all times, may require 1-2 person **PHYSICAL RESTRAINT** or removal from area.

INSTRUCTIONS FOR COMPLETING THE WAIVER RESPITE ASSESSMENT

1. **When do I complete a respite assessment?**

All persons on the Basic and Basic Plus waiver should receive a CARE assessment and a Waiver Respite Assessment, even if the person does not express a current desire for respite care. This assessment should be completed in conjunction with the CARE assessment at the POC meeting so that an individual's assessed personal care and respite care needs can be met at any time, and to ensure that the individual is able to meet the minimum waiver eligibility requirement of receiving a monthly waiver service.

2. **Print off a Waiver Respite Assessment from the waiver forms site to take with you when doing the CARE Assessment.**

3. **Complete the Waiver Respite Assessment when doing the CARE Assessment/Reassessment.**

WAC 388-845-3015 How is the waiver respite assessment administered?
The waiver respite assessment is administered by department staff during an in-person interview with you if you choose to be present, and at least one other person with knowledge of you, such as your primary caregiver.

WAC 388-845-3020 Who can be the respondent for the waiver respite assessment?
The respondent for your respite assessment must be an adult who is well acquainted with you and can provide the information needed to complete the assessment, such as your primary caregiver. You cannot be the respondent for your own respite assessment.

If you have any reason to doubt what the respondent is telling you, it is the assessor's responsibility to gather the information needed to accurately answer each item.

WAC 388-845-3030 How often is this waiver respite assessment completed?
Your respite assessment must be completed at least every twelve (12) months at the time of your annual CARE assessment/reassessment and Plan of Care.

Filling out the Waiver Respite Assessment Form

- Enter the Client name, respondent, date of assessment, and other information on the assessment form. Make sure you include sufficient detail in order to look up the client and the respondent in CCDB during the data entry and scoring of the assessment when you return to the office. Note: If the person who will be the respondent is not already listed as a significant other in CCDB, you will need to enter the significant other into the CCDB *before* you can score the Waiver Respite Assessment.
- Based on your conversation with the client, family, and any other respondents, answer each question to the best of your ability according to the situation as it exists right now.

Item A. If the client is under age 18, score according to the actual level of monitoring the client requires. The scoring makes adjustments for how much additional monitoring is required over and above what would typically be expected for persons of similar age.

Item B. Caregivers may have significant issues in their lives, but these issues do not always impact care-giving ability. Score DIMINISHED *only* when issues in the primary caregiver's life impact his/her care giving ability.

Item C. Family members may have significant issues in their lives, but these issues are not always directly related to the client. Score CLEARLY IDENTIFIABLE SIGNS OF STRESS or SERIOUS RISK OF FAILURE *only* when these issues more than likely are directly attributable to the client's disability.

Item D. Count only those care-giving responsibilities that are non-paid. If the caregiver is the paid Medicaid Personal Care or other service provider for another person living in the home, but the vast majority of care giving time is unpaid, consider care giving for this additional person to be unpaid. Option 4 differs from Option 3 in that additional children under the age of 5 are not considered *and* additional care-giving responsibilities must be full-time.

Item E. Score according to the number of parents, guardians, primary caregivers who live in the household, in any combination.

Item F. "Minimal standard" means that in the assessor's judgment, the alternative caregiver would be able to meet the client's needs without major threats to health and safety (i.e., a report to APS or CPS would clearly not be warranted if the client were found in this person's care). Score availability regardless of whether this person has been utilized in the past; if someone is available and willing to provide care but the primary caregiver refuses, score as YES.

Item G. Score behaviors assuming that available medications, environmental modifications, and/or other behavioral support plans are in place. These interventions can fail at times; in these instances score *Frequency* based on the average occurrence over the past year rather than the frequency in which the behaviors typically occur when the interventions are not in place. Severity refers to health/safety risk of the behavior and *not* the impact the behavior may have on the person or others around him/her. If the person's behaviors are causing signs of stress for the caregiver or other household members, this is to be indicated in the response to items B and C. Refer to the *Guidelines for Scoring Severity of Behavior for the Waiver Respite Assessment,* attached, to help you determine how to rate the most prominent behavior in the previous year.

Item H. Score according to the type of intervention that is typically needed to keep the emotional issues or behaviors under control.

- *Physical Guiding or Intervention* (option 3) means the use of a manual technique intended to interrupt or stop a behavior from occurring. Examples of this level of intervention include briefly holding, without undue force, a person in order to calm him/her, or holding a person's hand to safely escort the person from one area to another.
- *Physical Restraint* (option 4) means physically holding or restraining all or part of a person's body in a way that restricts the person's free movement.

4. **How do I score the Waiver Respite Assessment?**

- After you have returned to the office, open the Waiver Respite Assessment database. Search for the client name and the significant other who responded to the assessment and the CCDB will populate the top of the form.
- Transfer your responses to item numbers A – G onto the database screens. Items requiring a written answer will let you type as much as you want.
- Click on "Assessment Function" at the top of the screen and then click "Save Assessment."
- Once the Assessment Check-Off list indicates no errors, click on "Completed Assessment-Continue with Save."
- The final screen will show the Respite Lid – The Respite Lid represents the maximum number of respite hours the person is authorized to receive during the year in which the Plan of Care is in effect. The scoring system for the respite assessment is designed so that the Respite Lid is set at a level equal to or higher than the assessed respite need. Hours are authorized for the year and can be used monthly or less frequently in larger "chunks" of time.
- Write in the authorized respite allocation (i.e., Respite Lid) in the box on the top of the first page of the paper copy of the Waiver Respite Assessment. Write the total respite hours to be used in Section 5 on the POC (the total cannot exceed what has been authorized by the respite assessment). Type in the word "Respite" for that plan item. There is no need to put in a number from the Support Needs Assessment.
- File the paper copy of the Waiver Respite Assessment in the client's file.

5. **What if the situation appears to warrant more than the authorized respite hours?**

- *Is a CARE ETR indicated?*
  Consider whether the need is really related to still unmet personal care needs.
- *Is a referral for change of waiver indicated?*
- *Is usage of Emergency Assistance indicated?*
- *If none of the above three options seem appropriate, is a Waiver Respite ETR indicated?*
  Consider whether there are extenuating circumstances that might explain why this person needs additional respite care above and beyond what others in similar situations typically require. For example, if there are two parents or guardians in the household but there are reasons why the second parent or guardian cannot reasonably be expected to provide any backup to the primary caregiver *and* there are no additional back up caregivers living either within or outside of the household, an Exception to Rule (ETR) request may be necessary.

6. **How do I request a Waiver Respite ETR?**

- Use the Waiver ETR form. If necessary, hand write in a box that says "Exceeding Authorized Respite."
- Complete the rest of the form as usual.
- After review and signature by your Regional Administrator, send the form to the Central Office Waiver Program Manager for approval.

7. **What if I feel the Waiver Respite Assessment is accurate, but the client or primary caregiver disagrees?**

People have fair hearing rights regarding the Waiver Respite Assessment. The fair hearing rights will be provided as part of the POC, as this process determines the amount of service available on the POC.

Guidelines for Scoring Severity of Behavior for the Waiver Respite Assessment

I. Behavior	Minor	Potentially Dangerous	Seriously Life Threatening
Symptoms of Distress – (score behaviors in this section similarly, even if there occurrence is due to causes other than distress)			
Obsessive re health/body functions	**X**		
Repetitive complaints/questions (score excessive talking similarly)	**X**		
Repetitive movement/pacing (score other self-simulation or stereotype behaviors similarly)	**X**		
Other Symptoms			
Delusions	**X**	**X** (if thoughts involve harming self or others)	**X** (if meet criteria for Potentially Dangerous AND person has a documented history of poor impulse control)
Hallucinations	**X**	**X** (if command hallucinations that involve thoughts of harming self or others)	**X** (if meets criteria for Potentially Dangerous AND person has a documented history of poor impulse control)
Manic Symptoms (score symptoms of anxiety or depression similarly)	**X**		**X** (if history of suicidal ideation OR history of extremely high risk behavior during manic phase)
Verbally Agitated/Aggressive			
Accuses others of stealing (score accusations of abuse/neglect similarly)	**X**		
Inappropriate verbal noises (score drooling, excessive swallowing, tooth grinding similarly)	**X**		
Resistive to care (if combative, see combative during personal care tasks)	**X**	**X** (if resistance involves required medications)	**X** (if resistance involves life-sustaining medications)
Uses foul language	**X**		
Verbally abusive	**X**	**X** (if target is a child or vulnerable adult who lives in the same household OR has reached puberty)	
Yelling/screaming	**X**		

Guidelines for Scoring Severity of Behavior for the Waiver Respite Assessment

I. Behavior	Minor	Potentially Dangerous	Seriously Life Threatening
Physically Agitated/Aggressive			
Assaultive (score biting similarly; score animal abuse similarly)	**X** (if no history of inflicting physical harm lasting more than a few minutes)	**X** (if history of inflicting marks or bruises on others that lasted for more than a few minutes)	**X** (if history of inflicting broken bones or other severe physical harm to others OR behavior is biting and has a serious communicable disease that can be spread through contact with saliva)
Breaks, throws items (score property destruction for reasons other than physical agitation/aggression similarly; if throws items at others, see Assaultive)	**X**	**X** (if history of throwing items of sufficient size/weight to seriously injure another person AND documented history of poor ability to control aggression toward others)	
Combative during personal care tasks	**X** (if no history of inflicting physical harm lasting more than a few minutes)	**X** (if history of inflicting marks or bruises on others that lasted for more than a few minutes)	**X** (if history of inflicting broken bones or other severe physical harm to others)
Intimidating/threatening (if has a history of acting upon threats of bodily harm, see Assaultive or Injures Self)	**X**	**X** (if behaviors routinely occur in public settings AND are directed toward strangers)	**X** (if meets criteria for Potentially Dangerous AND behavior typically involves a weapon)
Seeks vulnerable sexual partner		**X**	**X** (if convicted offender or community protection client)
Inappropriate/Unsafe Behavior			
Disrobes in public	**X** (if age 12 or under)	**X** (if over age 12 OR has reached puberty)	
Eats non-edible substances	**X**	**X** (if substances consumed are highly probable to cause damage to the digestive tract or health	**X** (if typically seeks out objects that can be life threatening if swallowed; e.g., glass or poisons.
Fire setting behavior			**X**
Hiding items	**X**		
Hoarding/collecting (if hoards feces or other bodily fluids, see Inappropriate toileting/menses activity)	**X**	**X** (if items are restricting safe egress from the premises or are producing a fire or sanitation hazard)	
Inappropriate toileting/menses activity	**X**	**X** (if has a serious chronic communicable disease that can be spread by contact with bodily fluids OR hoards or smears feces/bodily fluids)	

Guidelines for Scoring Severity of Behavior for the Waiver Respite

I. Behavior	Minor	Potentially Dangerous	Seriously Life Threatening
Injures self (when harm is caused due to repeated behaviors, score according to intensity of overall harm rather than due to a specific behavioral incident)	**X** (if no history of inflicting physical harm lasting more than a few minutes)	**X** (if history of intentionally inflicting marks or bruises that lasted for more than a few minutes OR wears protective devices)	**X** (if history of intentionally inflicting broken bones or other severe physical harm, OR history of suicidal ideation with uncontrolled depressive symptoms)
Law breaking activities	**X** (includes activities that are technically illegal, but are not likely to come to the attention of law enforcement)	**X** (if law breaking activities involve a victim)	**X** (if person is a community protection client)
Left home and gotten lost	**X**	**X** (If person requires onsite or line of sight supervision)	
Rummages/takes belongings	**X**		
Sexual acting out (appropriate expressions of sexuality should not be considered)	**X** (if age 12 or under)	**X** (if over age 12 OR has reached puberty)	**X** (if person has a chronic or serious communicable disease that can be spread by sexual contact OR if behaviors are aggressive or directed toward children or vulnerable adults)
Spitting (score biting similarly to Assaultive)	**X**	**X** (if person has a serious communicable disease that can be spread by contact with saliva)	
Unsafe cooking	**X**		**X** (if circumstances do not allow the primary care provider to reasonably restrict the person's access to cooking appliances)
Unsafe smoking			**X**
Up at night/requires intervention	**X**	**X** (if person requires line of sight supervision)	
Wanders/exit seeking	**X**	**X** (if person requires onsite supervision)	**X** (if person requires line of sight supervision)
Wanders/not exit seeking	**X**	**X** (if person requires line of sight supervision)	
Miscellaneous			
Compulsive eating (score alcohol/substance abuse similarly)		**X**	**X** (if documented history of severe physical harm caused by the behavior)
Rigidity to routines (includes situations where the person tries to enforce routines on others, such as not allowing other persons in the room to cross their arms or legs)	**X**	**X** (if attempts to enforce routines on others involve verbal or physical aggression, score according to the behaviors that are typically used to enforce routines)	

Guidelines for Scoring Severity of Behavior for the Waiver Respite Assessment

I. Behavior	Minor	Potentially Dangerous	Seriously Life Threatening
Fetishes/sexual paraphilic behaviors (if behaviors are directed toward others, see Sexual Acting Out)	**X**		
Preservative behaviors (e.g., obstinate, attention seeking, following, asking, demanding, complaining, teasing)	**X**		
Elopes/runs away	**X**		**X** (if requires onsite or line of sight supervision OR lacks traffic safety skills)