Respite and Other Family Supports

DDS Service Standards Survey 2011

SurveyMonkey

1. I am a:

	Response Percent	Response Count
Consumer	10.1%	146
Family Member or Friend of a Consumer	**53.0%**	**769**
Service Provider Employee or Board Member	13.5%	196
Regional Center Employee or Board Member	13.0%	189
Decline to state	3.5%	51
Other (Specify Below)	7.0%	101
	Please Specify if Other	171
	answered question	**1,452**
	skipped question	**0**

2. Suggested service standards about who should receive these services:

	Response Count
	1,363
answered question	**1,363**
skipped question	**89**

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3. Suggested service standards about how often a specific service should be provided:	
	Response Count
	1,117
answered question	1,117
skipped question	335

4. Suggested service standards about how to make sure the services provided are useful and effective:	
	Response Count
	916
answered question	916
skipped question	536

5. Suggested service standards about the qualifications and performance of the person or organization that provides these services:	
	Response Count
	856
answered question	856
skipped question	596

6. Suggested service standards about the payment for these services:	
	Response Count
	859
answered question	859
skipped question	593

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7. Suggested service standards about the responsibilities of parents and consumers for these services, e.g., co-payment, time commitment, etc:	
	Response Count
	834
answered question	**834**
skipped question	**618**

8. Suggested service standards about self-directed or self-determination options for these services:	
	Response Count
	554
answered question	**554**
skipped question	**898**

1. I am a:

	Please Specify if Other	
1	I am a regional center employee AND a parent of an adult child with a developmental disability	Jan 28, 2011 12:58 AM
2	and Licensed Clinical Psychologist	Jan 28, 2011 1:54 AM
3	Direct caregiver with all responsibilities and no rights!	Jan 28, 2011 3:27 AM
4	School Psychologist	Jan 28, 2011 3:44 PM
5	Family member and a service provider.	Jan 28, 2011 4:57 PM
6	also work for RC	Jan 28, 2011 5:31 PM
7	Parent of a child with a disability	Jan 28, 2011 5:46 PM
8	State employee - Not DDS	Jan 28, 2011 5:53 PM
9	I am also a caregiver.	Jan 28, 2011 6:06 PM
10	Advocate for three clients	Jan 28, 2011 6:08 PM
11	Service Provider Vendored with Regional Center	Jan 28, 2011 6:14 PM
12	Concerned Community Member	Jan 28, 2011 6:36 PM
13	i am also a sls primary caregiver	Jan 28, 2011 6:41 PM
14	Vendor	Jan 28, 2011 6:59 PM
15	Also a regional center employee (full disclosure)	Jan 28, 2011 7:30 PM
16	Also director of a large autism support program	Jan 28, 2011 8:31 PM

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1. I am a:

	Please Specify if Other	
17	I was diagnosed with Asperger Syndrome January 6, 2011 at the M.I.N.D. Institute of UC Davis. In addition, I worked in your estimates section with about 5 or 6 years ago. In addition, I have an 8-year old son with Autism.	Jan 28, 2011 8:42 PM
18	Professor of Communicative Disorders	Jan 28, 2011 8:42 PM
19	Parent and IHSS Provider for our daughter who is brain damaged and quadreplegic.	Jan 28, 2011 8:54 PM
20	Teacher	Jan 28, 2011 10:53 PM
21	Parent of child with Asperger's, relative of deaf person	Jan 28, 2011 11:00 PM
22	I am a Regional Center employee and the mother of two Regional Center consumers	Jan 28, 2011 11:06 PM
23	parent of child who received services and no longer needs them	Jan 28, 2011 11:09 PM
24	Also Parent Vendor & Service Provider Employee	Jan 29, 2011 12:02 AM
25	Also a health advocate	Jan 29, 2011 1:11 AM
26	General Public	Jan 29, 2011 3:35 AM
27	Mother of a beautiful 9 yr. old daughter born with Down Syndrome and autistic characteristics.	Jan 29, 2011 4:17 AM
28	I am a Mother and the client's conservator.	Jan 29, 2011 5:02 AM
29	Attorney for the disabled.	Jan 29, 2011 7:36 AM
30	I am both a parent of a consumer and a regional center board member.	Jan 29, 2011 8:26 AM
31	mom	Jan 29, 2011 3:08 PM
32	Mother of 3 year old child with ASD	Jan 29, 2011 7:28 PM
33	I represent a Private Foundation that assists in grants to agencies that assist the disable.	Jan 29, 2011 7:29 PM
34	RESPITE CRE PROVIDER MSW LCSW	Jan 29, 2011 11:27 PM
35	I also work at a regional center as an occupational therapist	Jan 30, 2011 2:02 AM
36	Owner/Administrator of ARF	Jan 30, 2011 4:44 AM
37	Special Education Consultant	Jan 30, 2011 7:50 AM
38	I am both the parent of a consumer and an advocate with clients who are RC consumers	Jan 30, 2011 4:53 PM
39	parent of a 2 children with disabilties	Jan 30, 2011 10:47 PM
40	Both a family member and a service provider	Jan 31, 2011 3:46 PM
41	Mother of Autistic Child in Early Start	Jan 31, 2011 4:26 PM
42	Regiolan center employee and friend of a consumer	Jan 31, 2011 4:55 PM
43	My six year old has autism	Jan 31, 2011 5:23 PM
44	Community Support Facilitator-independent living &supported services	Jan 31, 2011 9:14 PM
45	"Purchase of Service Limits" is more appropriate than "standards"	Jan 31, 2011 9:49 PM
46	university staff	Jan 31, 2011 11:19 PM
47	speech Language pathologist	Feb 1, 2011 4:05 AM
48	Early Interventionist	Feb 1, 2011 4:49 PM
49	Service Provider & Board Member	Feb 1, 2011 5:08 PM
50	my son has autism	Feb 1, 2011 5:38 PM
51	spouse of a service provider	Feb 1, 2011 5:49 PM
52	Respite Agency	Feb 1, 2011 7:11 PM
53	physician	Feb 1, 2011 10:17 PM

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1. I am a:

	Please Specify if Other	
54	Mother	Feb 1, 2011 11:08 PM
55	Mother of a client and also a community worker.	Feb 2, 2011 1:38 AM
56	Child with high-functioning spectrum diagnosis who did not qualify for regional center -- we use the same services, but pay out of pocket	Feb 2, 2011 5:26 AM
57	friend of a parent who has an adult with developmental disability	Feb 2, 2011 1:44 PM
58	Retired Regional Center Employee	Feb 2, 2011 5:18 PM
59	Conservator	Feb 2, 2011 5:44 PM
60	I also work as a Regional Center Employee	Feb 2, 2011 6:34 PM
61	Mother of 6 year old autistic twins (diagnosed at 18 months)	Feb 2, 2011 6:35 PM
62	My daughter received services until she passed away.	Feb 2, 2011 6:40 PM
63	I've been in the system for more than 20 years	Feb 2, 2011 7:41 PM
64	Area Board staff	Feb 2, 2011 8:51 PM
65	For my Daughter age 5	Feb 2, 2011 9:28 PM
66	Parent	Feb 2, 2011 9:44 PM
67	Two of my three children are Regional Center Clients	Feb 2, 2011 9:54 PM
68	Both a family member and a service provider employee	Feb 3, 2011 12:11 AM
69	Both Family Member and Service Provider Employee	Feb 3, 2011 5:46 AM
70	Parent of 2 children with Autism	Feb 3, 2011 6:27 AM
71	Mother to 4.5 year old son with genetic syndrome called ATR-X Syndrome. My son is nonambulatory and nonverbal and severely cognitively delayed,	Feb 3, 2011 7:59 AM
72	My son is Autistic	Feb 3, 2011 5:54 PM
73	Parent	Feb 3, 2011 6:02 PM
74	Care Provider	Feb 3, 2011 6:51 PM
75	My child has cerebral palsy and we are assisted by Golden Gate Regional Center.	Feb 3, 2011 7:14 PM
76	Parent of consumer	Feb 3, 2011 7:15 PM
77	Dad	Feb 3, 2011 7:55 PM
78	Work in a Day Program	Feb 3, 2011 8:24 PM
79	My son needs developmental services that are proposed to be cut.	Feb 3, 2011 8:25 PM
80	I am a mother that has a child with Special Needs	Feb 3, 2011 8:41 PM
81	Mother	Feb 4, 2011 12:52 AM
82	As well as a family member of a consumer	Feb 4, 2011 1:14 AM
83	parent of two consumers with autism	Feb 4, 2011 1:47 AM
84	Licensed Clinical Social Worker	Feb 4, 2011 2:00 AM
85	Retired regional center employee and 7 years regional center board member	Feb 4, 2011 2:15 AM
86	Advocate	Feb 4, 2011 3:38 AM
87	Service Provider, independent contractor, providing Early Intervention Physical Therapy Services	Feb 4, 2011 4:10 AM
88	Parent of a consumer	Feb 4, 2011 5:27 AM
89	Adminstrator operating a 6 bed facility for developmental disabled adults.	Feb 4, 2011 7:19 AM
90	Service Provider and Family Member of a consumer	Feb 4, 2011 6:24 PM
91	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:39 PM
92	Regional Center employee and parent	Feb 4, 2011 9:10 PM
93	I am category one, two, and three	Feb 4, 2011 9:15 PM

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1. I am a:

	Please Specify if Other	
94	Husband of [redacted] (Consumer) and Father of [redacted] Consumer)	Feb 4, 2011 9:21 PM
95	mother of two sons with autism	Feb 4, 2011 9:45 PM
96	Clinical Social Worker in a specialty pediatric clinic for children with developmental disabilities including autism	Feb 4, 2011 10:12 PM
97	Gen Ed Teacher, parent of four, the youngest has down syndrome; and Advocate for those who have a developmental disability.	Feb 5, 2011 12:50 AM
98	I am a consumer, but also a Severely Handicapped Education Specialist.	Feb 5, 2011 5:04 AM
99	I am also a researcher working with children and adults with rare genetic disorders	Feb 5, 2011 5:30 AM
100	Member of the community, I know someone who works with regional center.	Feb 5, 2011 4:35 PM
101	Those individuals whose individual program plan team has indenitifed a need for these services as described in The Lanterman Act Section 4646 (a-d).	Feb 5, 2011 7:15 PM
102	Conservator	Feb 6, 2011 7:32 PM
103	Special Educator	Feb 7, 2011 5:57 PM
104	I am the mother of a little girl, [redacted] who has Rett Syndrome.	Feb 7, 2011 6:17 PM
105	and Parent Vendor	Feb 8, 2011 12:50 AM
106	Life-long Californian	Feb 8, 2011 3:45 AM
107	Mother of a consumer, service provider of home health agency and former Vendor Advisory Committee Member.	Feb 8, 2011 5:53 AM
108	REgional Center	Feb 8, 2011 9:36 PM
109	I am a sibling of a consumer.	Feb 9, 2011 1:13 AM
110	Service provider	Feb 9, 2011 5:05 PM
111	Disability Rights California, non-profit advocacy organization.	Feb 9, 2011 5:23 PM
112	Also have many friends who use these services	Feb 9, 2011 7:45 PM
113	Mother and Conservator of Disabled Adult Child	Feb 9, 2011 8:46 PM
114	residential vendor	Feb 9, 2011 9:28 PM
115	Parent of adult child with developmental disabilities. Additionally, my child is non-ambulatory which complicates his services.	Feb 9, 2011 11:12 PM
116	Residential Care Provider	Feb 9, 2011 11:22 PM
117	A concerned Citizen Taxpayer. There needs to be a 9th category related to due process. The current list of proposals, though helpful, will only impact the budget if attention is paid to the hearing process and Aid-Paid-Pending.	Feb 10, 2011 12:03 AM
118	Retired R.C. Employee	Feb 10, 2011 12:12 AM
119	Speech-Language Pathologist for a non-profit agency	Feb 10, 2011 10:12 PM
120	Foster parent of consumer	Feb 10, 2011 10:21 PM
121	care home owner	Feb 11, 2011 12:40 AM
122	I am also a parent of a Consumer receiving Early Start services.	Feb 11, 2011 12:48 AM
123	Parent of two consumers who are disabled and a advocate for regional center consumers	Feb 11, 2011 2:37 AM
124	I am a client of the Kern Regional Center	Feb 11, 2011 5:01 PM
125	service provider-group home	Feb 11, 2011 5:03 PM
126	I am an employee of the Regional Center, and have been for 14 years.	Feb 11, 2011 6:46 PM
127	Both a Family member and a Board Member	Feb 11, 2011 7:01 PM
128	the parent of a child with autism	Feb 11, 2011 9:58 PM
129	Parent of special needs child	Feb 11, 2011 10:34 PM

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1. I am a:

	Please Specify if Other	
130	Vendor	Feb 11, 2011 11:44 PM
131	Parent	Feb 12, 2011 3:17 AM
132	I am a parent of a child with Autism and I am a Vocational Specialist.	Feb 12, 2011 6:28 AM
133	Vendor	Feb 12, 2011 1:40 PM
134	Special Education teacher and advocate for the disabled.	Feb 12, 2011 4:06 PM
135	And a family member of a boy with autism	Feb 12, 2011 5:27 PM
136	Past service provider; current contractor with a regional center	Feb 12, 2011 5:34 PM
137	and a special ed teacher	Feb 12, 2011 5:38 PM
138	Parent of a teenager who is on the Autism Spectrum.	Feb 12, 2011 8:10 PM
139	Our disabled son is part of the Regional Center of Orange County	Feb 12, 2011 8:32 PM
140	My adult brother is a consumer of regional center services. I am also a speech-language pathologist who provides services to children in the Early Start program	Feb 12, 2011 11:40 PM
141	I am the parent of a consumer as well as a service provider	Feb 13, 2011 6:00 AM
142	family member, service provider employee and vendor.	Feb 13, 2011 6:05 AM
143	My son is 5 years old and has been diagnosed with autism. He is a consumer of Valley Mountain Regional Center.	Feb 13, 2011 11:39 PM
144	I am also a family member.	Feb 14, 2011 12:22 AM
145	conservator and family member of regional center client	Feb 14, 2011 1:12 AM
146	conservator also	Feb 14, 2011 3:35 AM
147	I'm the mother of a 13 year old boy who is a consumer.	Feb 14, 2011 4:22 PM
148	I worked in this field for 27 years!! Started as a instructor, and then became the Chief Adm., This was a workshop J.O.B. in Apple velley and then we moved to Hesperia. Worked for Goodwell also and Social Vocational Servies until I retired in 2001. You may contact me if you will, at 760-245-9078!!	Feb 14, 2011 5:07 PM
149	Special Education Teacher	Feb 14, 2011 7:29 PM
150	I am a family member and have worked as a service provider.	Feb 14, 2011 10:04 PM
151	Community College Instructor who works with Developmentally disabled students	Feb 14, 2011 10:29 PM
152	friend advocate	Feb 14, 2011 11:24 PM
153	parent vendor for my son with special needs	Feb 15, 2011 1:10 AM
154	Father of 2 consumers	Feb 15, 2011 5:35 AM
155	parent of two consumers	Feb 15, 2011 5:47 AM
156	Mother of 20 month old daughter	Feb 15, 2011 6:32 AM
157	Also a social worker for the county.	Feb 15, 2011 5:18 PM
158	Instructor working with developmentally disabled.	Feb 15, 2011 6:00 PM
159	Parent	Feb 15, 2011 6:09 PM
160	My son has Autism and benefits greatly from Regional Center benefits.	Feb 15, 2011 6:36 PM
161	pediatric nurse practitioner and prescriber of services	Feb 15, 2011 6:50 PM
162	I am a single parent of Autistic boy	Feb 15, 2011 7:21 PM
163	Special Education Community Liaison for the Hacienda La Puente Unified School District. I provide resources for professions and parents of students from birth to age 22. Our district collaborates with Regional Center to provide services for our parents. E.g., a Regional Center representative attends our Parent Events, such as Information Fairs, Evening Topical Presentations, etc. I attend their LICA meetings and presentations they offer, e.g., upcoming Fair on Autism on Feb. 24th.	Feb 15, 2011 8:07 PM

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1. I am a:

	Please Specify if Other	
164	Service provider	Feb 15, 2011 10:56 PM
165	I am a RN Pediatric Nurse Specialist with a degree in Social Work. For the past 7 years, I have been a caregiver, casemanager, and IP Team Member for my brother. He is a 54 year old man with Autism, who was profoundly emotionally ill. Now with the Integrative Plan which includes his Day Program, Residential Care Home amongst skilled and compassionate people who encourage his independence, and Preventive Medical Care, he is a happy, calm, mentally stable and healthy. He creates amazing art, which he sells through Creativity Explored, he now has a housemate and he is living his dream of independence. For 6 years, he received supportive services from independent living instructors. He no longer rides the van service, but rather uses muni to get to and from his Day Program. Without his impeccable instructors, I know he would be in an institution.	Feb 15, 2011 11:00 PM
166	Parent and Conservator of client	Feb 16, 2011 12:24 AM
167	Special Education Teacher Visually Impaired/Blind Birth to three years.	Feb 16, 2011 12:33 AM
168	Guardian of a minor consumer	Feb 16, 2011 1:50 AM
169	My 3 year old son has Autism, MR, & sensory processing disorder. Regional Center San Diego has been instrumental in my son's progress & success in his early intervention treatments.	Feb 16, 2011 3:52 AM
170	Parent of child in need of regional center services	Feb 16, 2011 4:03 AM
171	general public	Feb 16, 2011 7:24 AM

1. Suggested service standards about who should receive these services:

	Response Text	
1	Families who are trying to keep their severely disabled living at home.	Jan 28, 2011 12:50 AM
2	Parents with need, no matter the age of the child	Jan 28, 2011 12:58 AM
3	Anyone with a special needs child or caregiver of adult with special needs.	Jan 28, 2011 12:59 AM
4	Parents and guardians of persons with developmental disabilities	Jan 28, 2011 1:04 AM
5	Parents of disabled children truly need this break. As a single parent I could have never stayed sane without it!	Jan 28, 2011 1:14 AM
6	each family should be entitled to the services, but there should be some type of means testing, both financial means testing, and testing regarding stressors in the family.	Jan 28, 2011 1:19 AM
7	based on need, not arbitrary set of standards that don't necessarily capture the individual family's needs	Jan 28, 2011 1:21 AM
8	not families that have the potential to pay for services and limit the help we give to the illegalsmore	Jan 28, 2011 1:29 AM
9	INDIVIDUAL CHOICE BUDGET, ONCE THIS IS IN PLACE, ****RESPITE IS KEY, TO HAVE ICB WORK AT AN OPTIMUM****	Jan 28, 2011 1:34 AM
10	In-home respite for parents of physically disabled children and children with significant autism. Day care support for children who have been kicked out of regular day care and for medically involved children whose doctor forbids them being in a group day care. Camp as a respite option for children over the age of 6.	Jan 28, 2011 1:39 AM
11	All consumers that need this service.	Jan 28, 2011 1:44 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
12	Parents of children under 18 receiving protective service hours from IHSS (aprox 240-270 per month) should not get respite, unless there is some emergency. Also, parents of children who have a parent in the military already get respite, so this is double the amount others receive. Not sure why this is not coordinated, but not surprised. Parents of other children who have disabilites do need respite and it should be based on the severity and behavioral needs of the child.	Jan 28, 2011 1:50 AM
13	ICB	Jan 28, 2011 2:05 AM
14	all families of special needs kids.	Jan 28, 2011 2:18 AM
15	Very few familes and only every other month	Jan 28, 2011 2:20 AM
16	Everyone	Jan 28, 2011 2:32 AM
17	Caregivers of a child with a developmental disability or suspected disability, regardless of child's age.	Jan 28, 2011 2:33 AM
18	cancel all services	Jan 28, 2011 2:38 AM
19	Respite is an extremely valuable service for care providers. The cost of this service is a small fraction compared to what it would cost to place a client full time in a residential care facility.	Jan 28, 2011 2:42 AM
20	Respite should be authorized for a consumer whose family is responsible for the daily care and security of the consumer who is living at home. With the current cap of 90 hours per quarter, this service is a very cost effective method of preventing care giver burn out, and the possiblity of the consumer being place in a more costly institutional setting.	Jan 28, 2011 2:43 AM
21	All the parents or guardians of a person with a dissability	Jan 28, 2011 3:15 AM
22	Respite care should be provided for any care taker of a disabled individual regardless of the disabled individual's age, it should be infant through adult. More respite care should be given if the care givers are in a situation where they do not have a good support network (ie live far away from extended family etc).	Jan 28, 2011 3:20 AM
23	Families who care for loved ones who are developmentally delayed need respite care to remain healthy and able to care for their family member. Families will be able to provide support in their homes longer with this support, requiring less full-time services .	Jan 28, 2011 3:21 AM
24	Any family with a child having special needs should receive some respite care in order to keep the family intact and prevent placement in a less than ideal setting. Behavioral and/ or psychological services should be offered to families in need. The primary provider cannot provide care without a break and the consumer needs to be able to have structure to their day with meaningful and relevant activities. The least costly living arrangement to the state is having the consumer in their own home and this should be aided as much as possible for the best outcome of all concerned	Jan 28, 2011 3:22 AM
25	the current program works for me ....my son goes to a day service.. so he is not ineligible for respite	Jan 28, 2011 3:22 AM
26	We were told we were eligible for respite. However, we did not have a family member or close friend who understood our son so that we could avail ourselves of this service. We did know that there were paid providers. We, his parents, did not trust that any outsider could communicate well enough with him when he was young to feel safe with such a person.	Jan 28, 2011 3:26 AM
27	Every child and adult with a disability	Jan 28, 2011 3:37 AM
28	All parents and full time caregivers.	Jan 28, 2011 3:37 AM
29	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM

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1. Suggested service standards about who should receive these services:

	Response Text	
30	Base it on need and the level of functionality of the client.	Jan 28, 2011 4:04 AM
31	Any caretaker who needs the service.	Jan 28, 2011 4:14 AM
32	These services should be available to parents and caretakes who are overwhelmed due to their circumstances. If a parent has 2 or more children under the age of 2, as is often the case with twins, respite can be of value. In addition, parents of children with multiple diagnosis, complex genetic disorders and CP, especially those whose babies require surgery should be able to apply for respite care. In addition, for those parents whose children require 1-on-1 supervision for safety, again complex cases, or parents whose babies don't sleep more than several hours at a time would benefit for this service.	Jan 28, 2011 4:18 AM
33	Children whose parent s work and is in need of care.	Jan 28, 2011 4:18 AM
34	Familoies of the disabled.	Jan 28, 2011 4:24 AM
35	Respite services should be available for working parents, and 24-hour/7 day caregivers.	Jan 28, 2011 4:41 AM
36	Any parent or caregiver who has no other options to obtain respite	Jan 28, 2011 4:43 AM
37	Families of people with developmental disabilities	Jan 28, 2011 4:57 AM
38	NO ONE under the age of 14	Jan 28, 2011 4:58 AM
39	All family members who care for an individual who is disabled. This can save marriages and mental illness from occurring.	Jan 28, 2011 5:04 AM
40	Respite -- should be made available to any family who can benefit from regular breaks to allow the individual to be maintained in the family home, regardless of age of the person with developmental disability.	Jan 28, 2011 5:37 AM
41	As requested and/or necessary.	Jan 28, 2011 5:59 AM
42	Respite should be restored to previous standards of the 20032 to 2006 era.	Jan 28, 2011 6:23 AM
43	Current standards are appropriate.	Jan 28, 2011 6:26 AM
44	Respite often allows a family to keep a family member at home, and out of much more costly service placement.	Jan 28, 2011 6:27 AM
45	The families of children should receive respite services. Adults with disabilities who have family caregivers should also receive respite services.	Jan 28, 2011 6:38 AM
46	I have rarely used respite as my marriage did not survive the stress of our lives. I used my daughter's time with her father as respite. I do know however, that it is crucial for families to have a break from the continued stress and responsibility of caring for their son/daughter in order to refuel.	Jan 28, 2011 6:44 AM
47	do not adopt them	Jan 28, 2011 6:47 AM
48	ALL ELIGIBLE FOR REGIONAL CENTER SERVICES	Jan 28, 2011 6:55 AM
49	Respite should be provided when parents have obvious stress and impact of the disability on the family. All families have stress, and it could be argued that all deserve respite, but I think we can make choices here. If a parent has a nanny in the home helping her during the day, then perhaps they don't need respite. If a parent has very limited resources, respite is needed. Also, it needs to be considered how the stress is impacting the parent. Also, if the child is extremely disabled and medically fragile, requiring round the clock care for gtube feeding, therapies, etc respite is needed. If a child is very disregulated, crying excessively, respite is needed. Consider also resources within the family of course.	Jan 28, 2011 7:02 AM
50	All family members taking care of a consumer at home need respite. Full stop, period	Jan 28, 2011 7:23 AM

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1. Suggested service standards about who should receive these services:

	Response Text	
51	Perhaps in order to qualify for respite services - Consumer must engage in significant challenging behaviors. Examples may be Consumers that will frequently endanger self without consistent supervision, Consumers who display frequent tantrums or aggression 1x per week or more or with intensity that causes injury more than first aid.	Jan 28, 2011 7:27 AM
52	ALL Persons should have the Ability to Have these Services!	Jan 28, 2011 7:31 AM
53	Respite should be provided to families who are the care givers for disabled children or disabled adults.	Jan 28, 2011 8:25 AM
54	Any person family or non-family member who provide respite for consumers who are in need of this service should be contracted	Jan 28, 2011 1:56 PM
55	Respite should be only for clients who cannot find generic resources in the community. Day care should only be children over 13 years of age who have severe behavior or medical issues and have presented documentation that they tried to go to a generic day care provider.	Jan 28, 2011 3:07 PM
56	We never would have made it without the respite and child care that we received, A difficult child with behaviors and constant care needs really drains a family and the other sibling in our case.	Jan 28, 2011 3:26 PM
57	Determined by client's disablity and availability of family support	Jan 28, 2011 3:48 PM
58	Respite care is extremely helpful to parents or caregivers of autistic children. Caring for a child with autism is a 24/7 job and can wear a parent down. If they are give even a hour to do something for themselves there are able to recharge and come back to the child calmer and refreshed. They are better able to care for their child because they no longer feel like they are going to snap.	Jan 28, 2011 4:21 PM
59	All RC clients	Jan 28, 2011 5:02 PM
60	0-22	Jan 28, 2011 5:06 PM
61	All families that have a need.	Jan 28, 2011 5:08 PM
62	This service is hands down one of the best things about ALTA. This break provides care givers a time to recharge.	Jan 28, 2011 5:10 PM
63	All consumers that need this service.	Jan 28, 2011 5:10 PM
64	Clients with care needs beyond those of a typically developing person of the same age. Clients with significant behaviors beyond what might be seen in a typically developing person of the same age (e.g. non-compliance with homework, chores, etc. for a teen). Client at risk of moving into out-of-home placement.	Jan 28, 2011 5:13 PM
65	Only those with severe medical and mental impairment, i.e., an individual with severe mental retardation who also has severe medical problems.	Jan 28, 2011 5:16 PM
66	Child Day Care is not provided for anyone else in California so why are we paying for undocumented children to attend?	Jan 28, 2011 5:25 PM
67	As determined by the IPP	Jan 28, 2011 5:31 PM
68	A sliding scale based upon the demands placed on the family.	Jan 28, 2011 5:31 PM
69	Child day care should be the responsibility of all families, this should not be a services provided by the RC. Advocacy should be the responsibility of the FRC nto the RC.	Jan 28, 2011 5:35 PM
70	A range of respite dependent on client needs. The more involved the client needs the greater number available, the less involed the less number, Instead of across the board 25 hours a month(Similar to IHSS formula)	Jan 28, 2011 5:40 PM

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1. Suggested service standards about who should receive these services:

	Response Text	
71	Status two eligible families	Jan 28, 2011 5:48 PM
72	The currrent guidlines make sense but there should be some means testing. Wealthy families who could afford to pay for care are milking the system.	Jan 28, 2011 5:57 PM
73	Parents should be responsible for child day care unless requires nursing or specialized care needs.	Jan 28, 2011 5:57 PM
74	*Everyone	Jan 28, 2011 6:01 PM
75	Consumers residing in their parent's home who cannot be left unsupervised.	Jan 28, 2011 6:09 PM
76	respite standards continue to be ' the squeeky wheel ' standard. The SC are put in the position of saying no this is the standrd and having it overturned vai managers, P&A getting involved, or even the person calling the director. One families needs are not another families needs but there are too many exceptions. When respite standards are applied it is uneven and the SC bear the brunt of families who have many other needs and issues then the DD member.	Jan 28, 2011 6:16 PM
77	Based upon significant needs of the child or adult living in the home	Jan 28, 2011 6:18 PM
78	Consumers who are living in their family home should receive respite for family members that care for the consumer 24/7.	Jan 28, 2011 6:18 PM
79	The amounts and rates should increase, not decrease.	Jan 28, 2011 6:26 PM
80	Respite should not be provided to a parent/relative who is also the IHSS worker. It should not be provided to those who are eligible for IHSS but do not apply for it.	Jan 28, 2011 6:27 PM
81	ALL families who have limited support systems or children with delays should be eligable for respite care, parent training and advocacy support.	Jan 28, 2011 6:32 PM
82	I suggest that just about anyone that has a caregiver will need some respite. However, respite really needs to be more like babysitting (excuse the term please) and less like day care. For me and my family we use a babysitter on a ver occational basis.	Jan 28, 2011 6:33 PM
83	These services are absolutely necessary for Parents with disabled children.	Jan 28, 2011 6:36 PM
84	Early start families should be eligible for respite services. My highest need for respite was during those first 3 years when my child was receiving round the clock tube feedings, on oxygen, on 7 different medications. Family members were afraid to help.	Jan 28, 2011 6:40 PM
85	No further alterations or restrictions to this service should be made	Jan 28, 2011 6:44 PM
86	As much as I hate to say this.... discontinue the entire service. Parents will have to pay for their own respite or family members will have to help out.	Jan 28, 2011 6:45 PM
87	All families should be eligible to receive this service. Children that are placed in foster care have been denied this service. The thought has been that the foster agency provides this. It does not.	Jan 28, 2011 6:46 PM
88	adults who live with family should have a choice of respite OR ILS; not both.	Jan 28, 2011 6:48 PM
89	All families with low income or have family members that have developmental disabilities that need to be able to take care of other responsibilities or personal needs themselves.	Jan 28, 2011 6:52 PM
90	any parents/families who need it	Jan 28, 2011 6:52 PM
91	Eligible clients	Jan 28, 2011 6:54 PM
92	any person/family who needs it!	Jan 28, 2011 6:54 PM
93	PARENTS OR CAREGIVERS OF CONSUMER/CLIENT	Jan 28, 2011 6:58 PM
94	any family member with client in their home	Jan 28, 2011 6:58 PM
95	All famlies in the regional center system should receive respite services	Jan 28, 2011 7:04 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
96	people who require 24/7 care should have this for 48 hours per month.. families should get to choose from a competent company that they can trust.. please maintain this service..	Jan 28, 2011 7:06 PM
97	Consumers from birth on should be eligible for these services. Stress, angst and fear do not manifest in the family/guardians only after the age of three over a child with special needs. A limited number of hours, perhaps capped at 14, would be of great help to families with new borns and newly diagnosed infants/toddlers with special needs.	Jan 28, 2011 7:10 PM
98	Respite is the only way my son stays at home. it would be impossible if I didn't have respite hours. Be assurred, if respite hours are further cut, i will be requesting that he move to a developmental center.	Jan 28, 2011 7:10 PM
99	Individuals that have severe disabilities. I know parents that have this service and REALLY dont need it.	Jan 28, 2011 7:12 PM
100	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 7:13 PM
101	I firmly believe that no services should be provided to any individual that is not a legal resident/citizen of this country.	Jan 28, 2011 7:22 PM
102	All consumers should be eligible for this vital service.	Jan 28, 2011 7:26 PM
103	People who are citizens and who have proof or CA residency (i.e. drivers license)	Jan 28, 2011 7:31 PM
104	Current SARC eligibility is sufficient.	Jan 28, 2011 7:33 PM
105	Clients who cannot be watched by regular babysitters, families who have extenuating circumstances which prevent them from being able to perform normal duties, shopping, getting breaks, going out.	Jan 28, 2011 7:33 PM
106	Adult consumers living with family.	Jan 28, 2011 7:37 PM
107	every familiy with a child with disabilites, depending on the level of care that is necessary to the client.	Jan 28, 2011 7:48 PM
108	Family support services are vital to the concept of the Lanterman Act which says that services will be provided which will allow families to stay together. These services help reduce stress within a household, thus helping keep families together. Sometimes the extreme stress parents go through causes separation in the household; either with a parent leaving the household, or the child going to foster care or being cared by an extended family member outside of the home.	Jan 28, 2011 7:51 PM
109	we are given funds to care for a children. Then in turn ask to have time and are then placed in a different living situation for a short period of time. As a responsible parent of a disabled child we should be planning ahead to make arrangements at our own cost. It seems like taking advantage of the program.	Jan 28, 2011 7:55 PM
110	Respite services should be means tested. These services are often requested by families who use IHSS as a source of income. This choice is too often supported in the fair hearing process by OAH.	Jan 28, 2011 8:01 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
111	Any family who has a child or adult child living at home with them, even if just for the weekends, where the child cannot be left alone due to their need for supervision to keep them safe. Our regional center (TCRC) started using a checklist this year from another regional center that did not work for my family at all! My child has autism and is very active, requiring specialized supervision (someone who knows our behavioral plan/protocols). He scored low on their "scale" and was not going to qualify for very many hours, but somehow a child in a wheelchair or a child taking many medications qualifies for more! It did not make sense and I had to fight for what we needed. Most families only receive respite and diapers, and a few also receive behavioral consultation. DON'T TOUCH OUR RESPITE AGAIN! DDS made changes over a year ago that only confused our Service Coordinators and delayed us getting the respite support we needed to stay a sane, unified family.	Jan 28, 2011 8:01 PM
112	Again any family who has a child with multiple health issues, and D.D.	Jan 28, 2011 8:02 PM
113	Caregivers and parents of consumers with developmental disabilities.	Jan 28, 2011 8:08 PM
114	For Respite care . Family needs to hire their own or give the money to the family directly to hire their own respite. I had different people would come contracted with IRC agencies.Not providing the care the child needs. and give parents hard time.	Jan 28, 2011 8:16 PM
115	only for families where both parents work. not for any consumer with a parent or significant care giver who stays at home. only for families where consumer has significant maladaptive behaviors which prevent the parent from taking them into the community. just because a kid has MR doesn't mean the mom can't take the kid shopping. all parents have to deal with screaming kids who don't want to go shopping with mom. that is why grocery stores are open 24 hours; mom can wait until dad gets home.	Jan 28, 2011 8:17 PM
116	I don't know what the standard should be, I only know that there was no help for me when the death of our mother landed me with the full-time care of my brother for a year while I was searching out placement options. I never received respite, the requirements were so onerous to qualify, even though I was staggering under the burden of responsibility. I paid out thousands from what little fund my mother left to get respite caregivers. This should not be. I am still suffering from medical problems as a result of the stress.	Jan 28, 2011 8:41 PM
117	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
118	All who qualify.	Jan 28, 2011 8:50 PM
119	This is a really nice service for families, but has been greatly abused. Parents are responsible for their children, not the tax payers. This should be cut!	Jan 28, 2011 8:52 PM
120	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM
121	Adults and children living with family members or relatives who are not receiving any payment for their care (including foster care, AAP, or IHSS).	Jan 28, 2011 9:01 PM
122	All consumers should be made aware of their options in this area. Respite should be based on health care professional/provider recommendations outside of regional center employees.	Jan 28, 2011 9:04 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
123	Anyone with developmental disabilities who has this identified as a need in their IPP	Jan 28, 2011 9:04 PM
124	I think this is important. This saved me and my husband from pulling our hair out. Living with a disabled child is a 24/7 job and can be very hard on you. Having a break is nice.	Jan 28, 2011 9:05 PM
125	To try and keep clients living at home with their parents, respite is necessary. it is the parents that are nonstop providing care to their kids that get burned out and go into a crisis and their kids need to be placed. If they had regular breaks, they may be more fresh to provide care in their home	Jan 28, 2011 9:11 PM
126	All consumers that need this service.	Jan 28, 2011 9:15 PM
127	Important especially when the respite if for Parents who are stressed to the max by 24/7 sleeplessness and lack of personal time. Couples can share time away without fear of their loved one being in danger.	Jan 28, 2011 9:27 PM
128	Primary caregivers of Consumers residing with Consumer in private residences.	Jan 28, 2011 9:41 PM
129	All who ask and all those who don't know to ask. Make it happen. Families themselves, when involved in the thick of caregiving 24/7, cannot even pause to think about what their needs are i this regard. They are machines.	Jan 28, 2011 9:41 PM
130	All parents receiving services from a Regional Center. We desparately need them, and just maybe if we actually did receive them the divorce rate would not be so high in our population.	Jan 28, 2011 9:41 PM
131	Only those who do not have the financial means to support these services...	Jan 28, 2011 9:41 PM
132	Consumers who have caregivers in the home who would be at risk for out-of-home placement (which is far more expensive than respite) if respite not available on an ongoing basis.	Jan 28, 2011 9:57 PM
133	There should be consistency across all regional centers as to what's funded and policies and procedures should also be consistent. This prevents problems when families leave one regional center requesting to continue a services that another regional center doesn't fund or doesn't fund at the same level.	Jan 28, 2011 9:58 PM
134	All families with a disabled child will need respite and support services. Families with a disabled child have a 87% divorce rate. The burden currently falls 100% on the shoulders of the parents and their families in receiving respite and family supportive needs. That needs to change.	Jan 28, 2011 10:02 PM
135	Use the DCs for respite care for difficult adults and medical consumers to save money.	Jan 28, 2011 10:04 PM
136	Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration. As one who provides respite for families, I see how more-than-essential this care is, and how families are suffering. When the parents are worn down, unable to work, unable to give appropriate quality care to their kids because of their stress level, everyone loses -- kids, parents, families, the regional center in increased costs for other things.	Jan 28, 2011 10:11 PM
137	Due to the current budget crisis - Resite services should be discontinued. People currently receiving respite already are under the care of family members and friends. Generic resources or support systems of other family members and friends can be used to relieve the in home caregiver when needed.	Jan 28, 2011 10:12 PM
138	families of infants and toddlers should be included for consideration of these services	Jan 28, 2011 10:13 PM
139	Families with children under the age of 18. Adult consumers would not be eligible.	Jan 28, 2011 10:23 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
140	Any person(s) who must provide 24/7 care for a person with a disability	Jan 28, 2011 10:23 PM
141	Disabled people living with family or another caregiver should receive respite.	Jan 28, 2011 10:27 PM
142	Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration. As one who provides respite for families, I see how more-than-essential this care is, and how families are suffering. When the parents are worn down, unable to work, unable to give appropriate quality care to their kids because of their stress level, everyone loses -- kids, parents, families, the regional center in increased costs for other things.	Jan 28, 2011 10:32 PM
143	Obviously families who need it. Families should recieve training as well. Some just need support groups run by licensed, not subbed or farmed out to students in training, to provide the services.	Jan 28, 2011 10:41 PM
144	children who have extreme behavior needs or medical needs. If based on behavior needs then parents should have to enroll in behavior services as well, eliminiating sibling/grandparens as providers (generic resources)	Jan 28, 2011 10:53 PM
145	A regional center should not pay for day care. Respite services need to be reserved for consumers with extreme self-care deficits or behavioral issues.	Jan 28, 2011 10:57 PM
146	Parents that have consumers with severe behaviors or severe Mental Retardation.	Jan 28, 2011 10:58 PM
147	Respite should only be for individual consumers/families whoes needs exceed that of a typically developing peer. Parent's of minor children should provide a co-pay for respite services. Parents must pay for respite (baby sitting) for non disabled children. Day Care should be the parents responsibility as it is with non-disabled children.	Jan 28, 2011 11:05 PM
148	Any family who would benefit from the service.	Jan 28, 2011 11:09 PM
149	everybody who requests respite.	Jan 28, 2011 11:10 PM
150	I do not feel that day care should be provided. If the child is a minor, the parent has the responsibility to provide the care for their child.	Jan 28, 2011 11:13 PM
151	Families for whom parents are the sole caregivers who have children with severe diabilities for whom general babysitting or childcare is not possible	Jan 28, 2011 11:31 PM
152	Consumers who cannot be left alone and who do not have protective supervision hours in place by IHSS.	Jan 28, 2011 11:32 PM
153	Everyone in the situation of taking care of a disabled child or adult needs respite but the kind of respite each may need is different. Some may need just babysitting, some may need nursing care, etc. To give everyone the same type of care from an agency is a waste of money.	Jan 28, 2011 11:35 PM
154	Should be given to parents of children with most serious issues first.	Jan 29, 2011 12:08 AM
155	Nobody. You should have a list of trained providers to help caregivers find someone.	Jan 29, 2011 12:09 AM
156	Any one who needs these services should receive them. The extent of the service provided should vary according to the individual needs of the clients.	Jan 29, 2011 12:21 AM
157	Staff are mot qualified even if they have CNA statis. More over site.	Jan 29, 2011 12:25 AM
158	clients in need of secondary Medi-Cal should receive respite; process to train/register familiy members should be simple	Jan 29, 2011 12:27 AM
159	Families should utilize other family if needed for a break from their individuals.	Jan 29, 2011 12:46 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
160	All clients that live at home and can not be left alone should have respite services for the caretakers.	Jan 29, 2011 12:52 AM
161	All whom qualify.	Jan 29, 2011 12:58 AM
162	Family Support should be provided to all those individuals are living with in their family home whether a child or adult. the need for services should be determined individually by truly knowing the family's circumstances by asking key questions. No service should be provided to those not expressing a need or desire.	Jan 29, 2011 1:17 AM
163	All parents of disabled or developmentally delayed children.	Jan 29, 2011 1:29 AM
164	Those who most need them economically	Jan 29, 2011 1:43 AM
165	Families who are saving the government money by providing care to their family members, but choose to keep their family members at home OR their family members didn't qualify due to the inequities of our system.	Jan 29, 2011 1:45 AM
166	Hours should be based on severity of disability and potentially the amount of time parents need away may be more for certain individuals.	Jan 29, 2011 1:53 AM
167	highly involved consumers whose care can be extremely exhausting for single parents, or parents without access to other family members who can help, two-parent working families. Parents who do not have sufficient knowledge of the system sh have access to advocates to help them understand.	Jan 29, 2011 2:18 AM
168	Those who provide one to one care for the disabled.	Jan 29, 2011 2:48 AM
169	Gosh all parents who have children that have disabilities. Also, caregivers of adults with disabilites shold receive this as well.	Jan 29, 2011 3:08 AM
170	All persons with developmental disabilities	Jan 29, 2011 3:14 AM
171	Any frail or disabled person should receive this service.	Jan 29, 2011 3:15 AM
172	Respite should be offered to all families of consumers. 40 hours per month should be minimum! At least twice a week families need a break.	Jan 29, 2011 3:16 AM
173	people who are financially unable to pay for these servces	Jan 29, 2011 3:18 AM
174	Based on the families need.	Jan 29, 2011 3:31 AM
175	Single parent families need much more respite time than two parent families. Instead of mindlessly giving out a big four (4) hours a week to families, look at what the true needs are. How can a single parent have a life on four free hours a week. Also, let families exchange their 21 days of residential placement and camp for respite care hours.	Jan 29, 2011 3:40 AM
176	same as above	Jan 29, 2011 3:47 AM
177	Any individual or immediate family of individuals suffering from autism, mental retardation, and other behavior, mental or developmental ailment.	Jan 29, 2011 3:51 AM
178	anyone who needs it	Jan 29, 2011 3:53 AM
179	as needed	Jan 29, 2011 4:44 AM
180	Any family with a disability	Jan 29, 2011 4:51 AM
181	Any parent that has a child with a disablity should receive some form of respite services as they definitely need a break from the day to day demands of caring for a child with a disabilty. It is not only to give the parent(s) a break, but also to help the family continue as a whole, which is beneficial to the child with a disabiltiy and/or other siblings in the family.	Jan 29, 2011 4:57 AM
182	No one should be cut	Jan 29, 2011 5:11 AM
183	regional certer client's parents.	Jan 29, 2011 5:12 AM
184	For the severely disabled only. Families should take the responsibility for respite.	Jan 29, 2011 6:03 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
185	Any family member who is the primary care provider for the person being served by a regional center.	Jan 29, 2011 6:14 AM
186	all parents/caregivers especially those with no other help	Jan 29, 2011 6:33 AM
187	Some consumers are so draining on family members that respite is vital to keep the sanity of the caretakers and to provide an appropriate environment for the consumer. In these cases respite is essential..	Jan 29, 2011 6:35 AM
188	any person identified with a "special" need.	Jan 29, 2011 6:37 AM
189	Every single kid in the system, or the parents will wither and die.	Jan 29, 2011 6:46 AM
190	all family members who provide overnight care for consumers or provide more than 40 hours of daytime care for their family member consumer.	Jan 29, 2011 6:52 AM
191	Everyone who cares for someone with a disability NEEDS respite or the state will have another ward on their hands sooner than later.	Jan 29, 2011 7:17 AM
192	Anyone in need as a caregiver in family	Jan 29, 2011 7:24 AM
193	family member living with person developmental disability	Jan 29, 2011 7:53 AM
194	Any consumer who qualifies. Don;t wait for consumer/parent of consumer or family advocate to research and find out that the Regional Centers offer this service. Offer the much needed service upon acceptance into Regional Center. We had to wait for our respite service from Inland Regional Center.We found out about respite through another IRC family. We were told we had to have a "purchase of service" in place before we could receive respite. However, we were denied any "purchase of services". We then were told we had to provide our financial documents in order to be considered for respite because we would have to pay a portion of the respite fees. Our young child is the consumer, he does not work...he has no financial documents... Again, we had to have our attorney step in and in the middle of our Fair Hearing , the IRC disclosed that we were approved for respite. That information was never given to us in advance of the Fair Hearing proceeding.	Jan 29, 2011 8:45 AM
195	Every parent of a child with a disability	Jan 29, 2011 8:49 AM
196	Any parent or caregiver. It's very difficult to care for a special needs kid and we all need a break, even if it's just a few hours.	Jan 29, 2011 3:14 PM
197	All families who have a child with a developmental disability. It is very exhausting and emotionally draining carrying for a child with a disabillity and this is a vital service.	Jan 29, 2011 4:50 PM
198	All parents who have children with behavioral disabilities.	Jan 29, 2011 5:45 PM
199	The people who are guardians or legally responsible for caring for the child.	Jan 29, 2011 5:59 PM
200	All families need respite support on one occasion or another. For some families, mine included, the week that my son spends at camp Krem is the only week that we can have a somewhat "normal" life.	Jan 29, 2011 6:41 PM
201	I moved out of town and did not have family members or friends to help me with my daughter and I feel that respite sevices had helped me a lot.	Jan 29, 2011 6:57 PM
202	Families with children on the Autism spectrum should receive this service as caring for an autistic child puts extreme stress on the family members and makes for stressful family dynamics.	Jan 29, 2011 7:14 PM
203	background checks, drug testing should be done, before any respite worker is working with a consumer in there home as well as out in the commnity	Jan 29, 2011 7:46 PM
204	Any parent or caregiver that is "trapped" in their home caring for an ill child that has no other family or resources to help.	Jan 29, 2011 7:46 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
205	anyone that is caring for a disabled person needs respite care assistance. By providing programs that have volunteers as well as paid staff to provide this serivce is necessary program. Without respite care the care givers will not be affective in maintaing a high level of care for the disabled.	Jan 29, 2011 7:50 PM
206	Any family with a child on the spectrum or with a developmental disability of any kind should qualify for these services.	Jan 29, 2011 8:11 PM
207	All individuals who have been evaluated and it has been determined that they would trully benefit from these services.	Jan 29, 2011 8:40 PM
208	Individuals with significant behavioral challenges, significant impairments in communication and social skills require a highly trained support system in order to be successful in all their environments. Autism for example, is a life long disability respite services are VITAL to maintaining a stable family environement as well as giving the individual some opportunities for building independence. The newly devised Respite Standard scale (not sure what the title of it is) that is being brought forth at IPPs in San Diego county does not take into account the importance of having respite for individuals that live at home that have significant behavioral challenges. There was only one question on the survey about this topic and this needs to be a more weighted component on the determination of hours an individual receives for respite services. The max hours of 30 is too little for nearly all the families I work with that have kids with ASD.	Jan 29, 2011 8:56 PM
209	Families with individuals who have moderate to severe developmental disabilities should receive respite.	Jan 29, 2011 9:10 PM
210	Respite should be provided to parents or guardians who have a dependent in their home who is disabled and needs supervision for self-care and safety.	Jan 29, 2011 9:31 PM
211	Parents and legal caregivers of children who are Regional Center Consumers.	Jan 29, 2011 9:50 PM
212	Parents or Caregivers of severely developmentally disabiled children, teens or adults.	Jan 29, 2011 10:57 PM
213	AS A RESPITE CARE PROVIDER FO 12 YEARS I CAN ATTEST TO THE INCREDIBLE VALUE THIS SERVICE HAS FOR FAMILIES OF DD INFANTS AND CHILDREN, FOSTER PARENTS, OTHER CLIENT COMMUNITIES!	Jan 30, 2011 12:00 AM
214	I used it and help ed me.	Jan 30, 2011 12:17 AM
215	Everyone who is struggling to raise a special needs child should receive respite services. This is the most difficult thing for a family - to make sure a child is cared for properly while giving badly needed rest to the parents.	Jan 30, 2011 12:28 AM
216	Anyone who lives with a child or adult with special needs.	Jan 30, 2011 12:36 AM
217	Parents of children with autism and other severe disabilities	Jan 30, 2011 12:52 AM
218	There needs to be more consideration of exceptional circumstances. It has been difficult to give up respite in Early Start because some children with medical conditions could benefit from respite but are not Status 2 eligible and are not able to get nursing through Medicaid Waiver with institutional deeming or RC funding. For example, a family whose child had a brain tumor, but did not fit status 2 eligiblity could not receive badly needed respite and there was no procedure for making an exception. Most Early Start families I have worked with didn't feel comfortable leaving their child with someone from a respite agency anyway or had a friend or family member who could watch their child while they participated in parent training.	Jan 30, 2011 1:24 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
219	1) 0 to 3 - all families care for their babies. Unless a baby has a severe medical condition, and no nursing, I don't think respite should be allowed. 2) School age - Families have respite while kids are in school. Those families whose children do not go to school and do not have nursing, should be allowed respite. 3) Teenagers & adults - no family has to stay home and watch a teenager or adult. Respite should be given, based on family need. Families who receive the IHSS check themselves should receive less respite than those families who use that money to have someone care for their kids. Those families are choosing to have the money instead of the respite it could purchase. Camp should be allowed as a form of parental respite.	Jan 30, 2011 3:36 AM
220	Every family with a child diagnosed with a developmental disability should receive respite services.	Jan 30, 2011 4:19 AM
221	REspite should be eliminated.	Jan 30, 2011 4:53 AM
222	Caregivers,	Jan 30, 2011 7:15 AM
223	All families of children who qualify for services.	Jan 30, 2011 8:03 AM
224	Should be available to consumers and their caretakers as it is a strong deterrant to institutionalization for those who chose to care for clients at home.	Jan 30, 2011 3:20 PM
225	Pretty much all families need respite, and families with children with challenges all need respite too. How many hours? Hard to say - depends on how severe the challenges.	Jan 30, 2011 5:20 PM
226	ALL families with young or particularly challenging ASD kids need respite, as do families with sibs who will otherwise miss out on parent time and attention. However, families don't know enough about respite services, nor do they understand how it interacts with IHSS protective supervision. Respite should not be a way solely for a family member of the consumer to make some money, which sometimes does seem to be the case.	Jan 30, 2011 6:24 PM
227	Respite should be limited to 15 hours per month. Director exception would be needed to justify over 15 hours. Respite needs should be screened. Day care should be fund only with a proof of employement and a tax return. Some parents get respite for consumers who have jobs, who receives ILS, who are functioning at a high level. Some parents uses respite and day care monies to pay their bills. RC is not a bank. A lot of Service Coordinator do not know what they are doing or are not thinking about the long term impact of their decision. One family was getting 30,000$ per year with day care and respite via the regional center. This family has never been audited. SC needs to be trained because at the end of the day SC is the one who makes the decision. Not the manager who is too busy doing politics.	Jan 30, 2011 8:22 PM
228	Respite for families w/ an autistic child In the community, social and behavioral programs for children w/ autism. Other Family Supports for families w/ an autistic child.	Jan 30, 2011 8:43 PM
229	all developmentally delayed including autism and aspergers	Jan 30, 2011 9:17 PM
230	families who are taking care of a child or children who have medical disabilites, because not just anyone can help the families out-	Jan 30, 2011 10:49 PM
231	Any parent, care provider in need.	Jan 30, 2011 10:53 PM
232	Anyone who demonstrates a need	Jan 31, 2011 12:07 AM
233	Unfortunately, although family members have been helpful, I feel that now these services are often used to add to the family income, when the family member would be doing that service anyway. For example, and Aunt who baby sits while the Mother goes to the market, is now getting paid for a natural family interaction. So, change to licensed providers.	Jan 31, 2011 1:36 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
234	Respite should always be available for families caring for an individual with disabilities. This is much more cost effective than group homes.	Jan 31, 2011 4:17 AM
235	ANy parent of a qualifying dependent.	Jan 31, 2011 4:41 AM
236	Families where the emotional and physical costs of taking care of the client are a burden on the family. Families where one parent is gone often should be a consideration as well as if there is or is not extended family living in the area willing to help out.	Jan 31, 2011 5:01 AM
237	If a person's disability results in a child requiring specially trained personnel to watch them or requiring that the person cannot be left alone after the age when people normally can be left alone, then the family should receive respite.	Jan 31, 2011 8:28 AM
238	For all Regional Centers to have the same respite assessment key and to have a date where this will be effective with new respite hours across the board.	Jan 31, 2011 3:47 PM
239	Dependent on the level of care and if other agencies are involved such as IHSS....	Jan 31, 2011 3:49 PM
240	Children with behviorsa over and above that of a typical child should receive the assistance. Respite should not be provided for families that have grandparents or other family members availble. We often see fmily members being paid to watch their own grandchildren. Regional centers should not fund day care at all. This should be a parent responsibility.	Jan 31, 2011 3:54 PM
241	Any family with a disabled child/adult who they care for.	Jan 31, 2011 3:58 PM
242	consumers living in the DC or community	Jan 31, 2011 4:20 PM
243	Respite hours should be in direct proportion to the severity of the impediments of the consumer, which indicate how much respite the family needs.	Jan 31, 2011 4:24 PM
244	Eliminate respite. No in-home or out of home respite. Families should make arrangements with natural supports such as family or friends to help care for their child like anyone else would. The only exception should be if a client is medically unstable and cannot be left with anyone outside of the care of medical professionals. Another exception is emergency respite when a caretaker is hospitalized or dies.	Jan 31, 2011 4:27 PM
245	child day care is parental responsibility, regardless of disability or not. child day care is a hardship for all families, disability or not day care SHOULD NOT be funded by regional centers, it is something all parents have to work out, regardless of child having a disability or not	Jan 31, 2011 4:31 PM
246	Respite is vital. Parents need time to recharge batteries so they have the energy to care for themselves and other children in the home. Through assessment, determine the caregivers support system and offer the services to those that need it. Parents should be trained on the purpose of respite and encouraged to use it as intended.	Jan 31, 2011 4:34 PM
247	Families who have a documented need for respite according to current regional center standards.	Jan 31, 2011 4:42 PM
248	People with children over 15.	Jan 31, 2011 4:51 PM
249	It should be available to all families of a disabled person who requires assistance in personal care or has difficulties with behaviors.	Jan 31, 2011 4:54 PM
250	all who needs it	Jan 31, 2011 5:18 PM
251	Families with members on the spectrum..	Jan 31, 2011 5:35 PM
252	People with dissabilities	Jan 31, 2011 5:43 PM
253	Families who have multiple clients in the home. families facing severe medical and behavioral challenges and families who recieve no other break from their loved one.	Jan 31, 2011 5:57 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
254	Only those consumers with significant behavioral or medical issues should receive respite services. Child day care should only be provided to working parents.	Jan 31, 2011 6:04 PM
255	ALL parents of autistic kids needs a break. Dealing with autistic kids everyday is stressful and we deserve a break.	Jan 31, 2011 6:14 PM
256	All individuals that are part of the regional center system. (All ages)	Jan 31, 2011 6:17 PM
257	I think this service should be done away with. It is being abused. People who have children who are not DD are expected to pay for their own babysitters. The state should not have to pay for a babysitter just because a child is DD. Also, many parents just put this money in their pocket and do not even use it for the intended purpose	Jan 31, 2011 6:41 PM
258	All parents with developmental disabilities should receive parent training.	Jan 31, 2011 6:57 PM
259	all consumers	Jan 31, 2011 7:07 PM
260	Any individual with a diagnosis of a physical, mental, learning, emotional, psychiatric disorder.	Jan 31, 2011 7:13 PM
261	This should be available to families who have children with intensive medical and behavioral needs especially in the early years before children start school. Respite is important in keeping families healthy and intact.	Jan 31, 2011 7:20 PM
262	Any family who has to constantly care for the person. Without this service the burden placed on the family is not bearable. Doctor reports should be required as to the extent of the disablity and care needed. Family visits should be required to observe the client in their home enviroment. More respite care for a vacation, care inside the home should be considered.	Jan 31, 2011 7:22 PM
263	Parents of individuals with a developmental disability should receive respite services.	Jan 31, 2011 7:25 PM
264	See my comments in the support services. Wish we qualified for respite services.	Jan 31, 2011 7:32 PM
265	Families like mine that have SEVERELY disabled children, where the child rules all aspects of the home due to their disability. I'm adamant about giving these families a break. These special needs children can cause divorce, depression and various other problems in the homes where children require one on one care.	Jan 31, 2011 7:34 PM
266	Families who require respite from care of their child, whether minor or adult	Jan 31, 2011 7:38 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
267	children who can't be left alone - either because of medical fragility (eligible for a HCBS Medicaid Waiver) or because of behavior (including risk of running away). I'll speak to the former. Families of medically fragile children live with the understanding that their children are at risk of developing a sudden, life-threatening event. The constant heightened alert, which usually includes sleep deprivation well beyond the typical infant-rearing stage, exacts a toll equivalent to prolongued torture. When in the hospital, children with complex medical needs AND developmental disabilities require a vigilant caregiver that even 1:1 coverage in an ICU cannot properly address, because the 1:1 coverage is for the exigent medical issue, despite the fact that it represents one in a constellation of issues. Only the primary caregiver(s) understand (or will, over time, understand) how they interrelate, and needs to be present to help adapt care. example: children with Costello syndrome have low tone that dramatically affects their gut (a straight muscle that works by paristalsys from lips to anus). Trying to get enough contrast dye in a child within the required timeframe is often impossible, and requires alternate considerations - even if the child has a gastrostomy tube. And after a procedure requiring NPO (nothing by mouth) and general anesthesia, ramping up the feeds afterwards requires close attention. The typical protocol in returning a child with Costello syndrome to the child's "regular" enteral pump rate just doesn't work (confirmed with listserv of international parents). (many more examples available)	Jan 31, 2011 8:13 PM
268	All families of children with developmental disabilities.	Jan 31, 2011 8:18 PM
269	Any person who has been a consumer of the Regional Center all their lives should receive these services.	Jan 31, 2011 8:34 PM
270	I think that parents of children over the age of five should be able to receive respite.	Jan 31, 2011 8:56 PM
271	those that are taking care of thier own loved ones that are developmetally or physically handicaped. no matter if they are young or old.	Jan 31, 2011 9:13 PM
272	None. Respite services should be eliminated completely.	Jan 31, 2011 9:15 PM
273	A standard scale for identifying the amount of respite to be provided per month should be instituted based on measurable stressors that families face. This should be uniform for all consumers across the state.	Jan 31, 2011 9:28 PM
274	Anyone with developmental disabilities who has this identified in as a ned in their IPP	Jan 31, 2011 9:33 PM
275	It is difficult to suggest one need for respite over another because of the variety of issues, financial and family status. I particularly feel it important and needed for single parents or for young children in day care as well as older consumers in adult day care.	Jan 31, 2011 9:35 PM
276	Families that have children with developmental disabilities and/or behavioral problems. Or may require a certain level of experience or medical training for babysitting.	Jan 31, 2011 9:48 PM
277	Families who cannot afford child care need to take a break from time to time from caregiving responsibilities. This service, more than any other, may be directly responsible for the length of time families are able to keep their loved DD child at home with them.	Jan 31, 2011 9:51 PM
278	Respite in the form of a day programing. Respite isolated is a waste.	Jan 31, 2011 9:56 PM
279	"Purchase of Service Limits" is a more appropriate name than "standards"	Jan 31, 2011 10:02 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
280	Only tax paying U.S citizens or legal residents should be eligible to receive services.	Jan 31, 2011 10:08 PM
281	We have a child with Down syndrome and we currently receive respite care. It has been a blessing. There have been times that we have been on the brink of divorce, but having that extra pair of hands come to our house so we can find a couple of hours to talk things over and regroup, have been necessary to our dealing with our son's disability.	Jan 31, 2011 10:11 PM
282	Any family that qualifies under the new respite assessment.	Jan 31, 2011 10:15 PM
283	Caretakers who support infants with devlopmental disabilities should also receive respite care. They usually care for infants 24-hours a day and become completely exhausted and fatigued. Such caregivers should be included back into the list of those who receive respite care.	Jan 31, 2011 10:16 PM
284	Only in cases where there are extreme behaviors, medical care needs, multiple children with disabilities (and other pre-determined individuals) should respite be provided to children under 13 or 15 as typically non-disabled children younger this range also require supervision. Older children and adults who are not in school or day programs should be eligible for the services. As this is a service to provide a break, if the consumer is out of the home for several hours a day, this should be time for the non-working care-provider to rest. For parents who work out of the home, hours should be based on number of awake hours actually spent with consumer and level of care needs. Any parent who works as the IHSS worker should not receive respite services at all.	Jan 31, 2011 10:30 PM
285	fdre	Jan 31, 2011 10:31 PM
286	Primary care providers.	Jan 31, 2011 10:36 PM
287	Respite and other resources for family support need to stay in place.	Jan 31, 2011 11:26 PM
288	This should be determined after doing a thorough assessment of family supports. Respite should go to those persons with the least family support.	Jan 31, 2011 11:52 PM
289	Again, legal citizens.	Jan 31, 2011 11:57 PM
290	Respite/child care should be provided for: 1) children with intensive need that can not be served by "typical community resources" (i.e. babysitter) 2) children older than 6th grade and adults who can not be left alone and take care of themselves. 3) families of Early Start children who are overwhelmed and need a break 4) Any family that required respite to participate in family education for the benefit of the development of their child (ie behavior class, communication class)	Feb 1, 2011 12:02 AM
291	All disabled citizens.	Feb 1, 2011 12:14 AM
292	Day care shoud be assessed a parent responsibility based upon real world costs for day care, no excpetions based on income. Only during work hours, no exceptions for attending school. Respite should be o nly for those with behavioral problems, should not go past the age of 22.	Feb 1, 2011 12:33 AM
293	any one eligible. There should be NO Day Care. It is the responsibility of the parent to pay for child care, just like it would be if the child was typical. All parents should receive parent training in the services of regional centers and also Behavior Modification, if needed. Respite should NOT be provided to any family if the child is under 7 years old, unless the child meets an established exception. There should be No appeals. Small children need to be socialized by their family and natural supports. Not have the family leave them at home with a stranger. After 7, behaviors may warrent the family getting private time without the con	Feb 1, 2011 12:59 AM
294	Those who are caring for a significantly challenged child.	Feb 1, 2011 1:20 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
295	All parents of developmentally disabled children. Even those who have financial resources may have limited resources to find appropriate respite. Don't leave parents feeling alone...divorce and chaos ensue when parents feel isolated.	Feb 1, 2011 1:27 AM
296	Respite is crucial to family members. This should be available especially to children and disabled adults that need 24 hour supervisition, flight risks. Many times, this is the only way the child/adult can remain in the home.	Feb 1, 2011 1:29 AM
297	For the care-givers and family members of disabled consumers, especially during childhood, to receive respite services is extremely helpful, allowing not only a break for the parents or care-givers, but also providing activities and outlets for the disabled person to participate in a larger communal existence.	Feb 1, 2011 1:34 AM
298	Parent should keep getting respite-- only RC make them go to court for relief. The Lanterman Act is not working here! Get rid of the Regional Center system and replace it with a microboard funding system. See how Maryland and Colorado use microboard to meet consumer needs cost effectively!	Feb 1, 2011 1:48 AM
299	Autism Spectrum Kids	Feb 1, 2011 2:32 AM
300	**Autism Spectrum disorders (incl. Asp. Syn.)= helpful for very over stressed families due to the nature and spectrum of the disability... community integration for those who have mild-moderate to no behavioral challenges is extremely effective.	Feb 1, 2011 3:15 AM
301	All families who care for their loved one. Its very tough to do this day after day.	Feb 1, 2011 3:24 AM
302	All consumers eligible if they permanently live in the family home. Not eligible if they receive SLS and/or ILS services.	Feb 1, 2011 3:57 AM
303	Children with severe mobility issues and health issues.	Feb 1, 2011 4:16 AM
304	Anyone who is a client of the Regional Center should be informed of theses services as being available to them.	Feb 1, 2011 4:29 AM
305	Services should be provided based on individual/family need and resources rather than on diagnosis.	Feb 1, 2011 4:36 AM
306	those who really need it, example, a single parent, low income family	Feb 1, 2011 4:54 AM
307	Children less than 3 years old are every bit as in need of this service as children over 3. Limiting funding places an undue hardship on families with multiple developmentally disabled children. The only option left to us to get assistance is to have our needy infant seen by an expensive LVN. It would be much less costly to train our baby sitter (whom we cannot get assistance with) who's been watching him all along. But no...RC won't assist families with their younger than 3 year olds, instead they are WASTING PRECIOUS FUNDS to send a skilled nurse instead. This skilled nurse will likely cost four times as much as what our very capable sitter would cost.	Feb 1, 2011 4:56 AM
308	all regional center clients/family/caregivers	Feb 1, 2011 5:08 AM
309	to keep familys together respite services should continue,	Feb 1, 2011 5:24 AM
310	Families who need time away, so they can have a chance to take a break. Having DD children is a very stressful lifestyle	Feb 1, 2011 5:31 AM
311	Everyone needs respite especially a family with a person with a disability. Make sure they do not use the money for additional income as currently done. The child and family need respite having a family member, friend or someone to sign off and not do this service is not fair to the consumer.	Feb 1, 2011 5:32 AM
312	Parents should have to try to find babysitters in their community before relying on RC to find them care givers. Unless they have a child with medical needs that cannot be left with someone untrained.	Feb 1, 2011 5:55 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
313	anyone who needs them who has a disability or cares for someone with a disability (a dependent)	Feb 1, 2011 6:01 AM
314	See comments in previous section, item #1.	Feb 1, 2011 6:51 AM
315	I think this is a useful service although I have not used it much. I think a consideration might be to limit the total number of hours funded of all combined services (aide, SLP, OT other programs) on a weekly basis to possibly help reduce costs of families who may be accessing excessive services.	Feb 1, 2011 7:24 AM
316	ALL consumers and their families need respite and supports. Taking care of a person with developmental disabilities (who, in many cases, also has additional disabilities) is exhausting and time-consuming. There should not be a statewide standard for this service. Services should be based on the individual family's unique needs. If statewide "standards", which in effect are statewide "limitations," are imposed, there should be exceptions available upon the individual's showing that the specific consumer needs a more individualized program. These exceptions should not be impossible or nearly impossible to obtain.	Feb 1, 2011 7:25 AM
317	Anyone caring for a disabled person can benefit from respite services	Feb 1, 2011 7:31 AM
318	Any family of a child with disabilities when that child is dependent upon family members for care.	Feb 1, 2011 9:02 AM
319	As residential care providers do not get paid for this service it should be limited with family respite care as well.	Feb 1, 2011 9:56 AM
320	Respite hours really need to be standardized across regional centers. It is known that VMRC provides the least amount of respite hours to a family. It is difficult to explain to parents who come from other regional centers that althought they have the same needs, VMRC does not.	Feb 1, 2011 3:44 PM
321	All who need it. The families with 2 or more children with special needs, definelty need the respite time, as parents with special needs go with un-met needs themselves everyday. Family members should recieve parent training as part of starting with an IRC. I meet families every day, who are with IRC and do not get the support they need, myself included.	Feb 1, 2011 4:11 PM
322	Parents and care provides of people with developmental disabilities	Feb 1, 2011 4:27 PM
323	After the respite assessment is completed, if it is appropriate for the consumer to have respite, then those consumer's parents could get a break in their care.	Feb 1, 2011 4:31 PM
324	Active regional center clients, over the age of 10.	Feb 1, 2011 4:53 PM
325	Should be provided to maintain placement in the home as a less expensive alternative to board and care.	Feb 1, 2011 4:58 PM
326	Further cuts in this ara will endanger the health and safety of adults with disabilites who are living in the community.	Feb 1, 2011 5:03 PM
327	any family with a child who needs constatnt support	Feb 1, 2011 5:14 PM
328	Consumers with developmetal disabilitys, regardless of AGE.	Feb 1, 2011 5:16 PM
329	Caregivers/families that are caring for person(s) 24 hours/dy or persons who are marginally self sufficient in caring for themselves whether due to mental or physical issues.	Feb 1, 2011 5:30 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
330	they are very stingy with respit at the reginal centers currently. my son requires 24 care and they said if he is not a danger to himself or others...(he is 2) they dont provide retbit. My son is 40 pounds 40 inches non verbal and has the milesstones of a 12month old gross and fine motor. I am unable to work to care for him and there for get no rest.	Feb 1, 2011 5:52 PM
331	All families. Respite is critical and I think it deters families from consideration of institutionalization which is far more expensive. Mental health support is key to helping famllies sustain the effort to support their child through the lifespan	Feb 1, 2011 6:05 PM
332	Families who have a child with extreme medical need (feeding tube, oxygen, seizure disorder etc) and who express a desire/need for assistance. The overall mental health of the family unit must be assessed and considered as it directly affects the outcomes of health and wellness for the child.	Feb 1, 2011 6:06 PM
333	Clients with major behavior issues and chronic healthcare/medical issues over the age of 8yrs. Clients who have a diagnosis of Moderate to Profound Intellectual Functioning, Substantial handicaps caused by CP and epilepsy or seizure disorder, Autism.	Feb 1, 2011 6:15 PM
334	continue support of respite.	Feb 1, 2011 6:25 PM
335	Any family members who care people who have severe disabilities should receive these service.	Feb 1, 2011 6:28 PM
336	Parents should be expected to use natural supports first. It does not make sense to pay a grandmother to care for her grandchildren when the grandmother is not giving up employment to do so. IHSS should also be considered in terms of respite.	Feb 1, 2011 6:56 PM
337	Families need this service. Let's keep our consumers with thier families. The latest cuts were too severe. The assessment tool is not transparent. It seems to have hidden results. Family changes are not taken into consideration after the assessment. Life has to remain the same for the rest of the client's life according to our RC.	Feb 1, 2011 6:58 PM
338	adults and kids	Feb 1, 2011 7:01 PM
339	Respite services should be provided to individuals and families that are at risk of needing more intensive services such as residential services or increased behavior and therapy. This can be cost effective compared to the costs affiliated with increases other services or residential facilities.	Feb 1, 2011 7:05 PM
340	For all clients that live at home	Feb 1, 2011 7:14 PM
341	Respite services should be provided to consumers who require 24 hour care and supervision and who's caregiver requires a break because of stress or other life responsibilities.	Feb 1, 2011 7:25 PM
342	Developmentally disabled and their families.	Feb 1, 2011 7:51 PM
343	Child Care should be provided once the child enters into the educational system or as an adult day care program. Family should be responsible for a portion of this. The only exception could be if the child/adult has nursing needs. Family has to provide documentation, monthly receipts and time sheets with signatures. RC have the right to randomly audit any case. Families should be able to access parent training and advocacy training/support.	Feb 1, 2011 7:52 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
344	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM
345	Any person served should have access to these services. However, there should be guidelines on how much each person served can receive per month. There is a respite questionnaire that was developed recently that determines rate of hours per month based on the needs of the person served. However, there are times where the parent requests hours above and beyond what the person served qualifies for. At that point, the parent can request an exception be made to the rules. Exception to the rule should be time limited, i.e. no more than 24 months, regardless of the situation.	Feb 1, 2011 8:11 PM
346	family's of the disabled	Feb 1, 2011 8:43 PM
347	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
348	We need a statewide rubric for providing these services, which differentiates for two clients.	Feb 1, 2011 9:32 PM
349	Parents of children/teens or adults (who still live at home).	Feb 1, 2011 9:38 PM
350	anyone who is a client of Regional Center	Feb 1, 2011 9:42 PM
351	Families with Autistic children should have a pool of respite care workers from which to choose from so that they make get a break from time to time. I have a child with asthma and while we qualified for respite services, due to his asthma, I could not leave him alone with the person sent to provide respite care. It was a service that was useless to me as Regional Center would not provide an RN to care for my child. My child is on an as needed basis for asthma medication and I would never leave him alone with someone when he was ill and needed his meds. But when he's feeling fine, it would be wonderful to have someone come over and care for him for a few hours so my husband and I could go to a movie or out to dinner. Life is so stressful with you are on "duty" all the time. There has to be a way to make respite work for families like mine.	Feb 1, 2011 9:46 PM
352	ANYONE WHO NEEDS SOME TIME FOR THEMSELVES SO THAT THEY CAN RELAX AND RE-GROUP BEFORE GOING BACK TO THE ROLLER COASTER WE AS PARENTS ARE ALWAYS ON WITH CHILDREN WITH VERY DIFFICULT CHALLENGES. SOMETIMES A NERVOUS BREAKDOWN IS NOT FAR OFF. RESPITE IS AN ABSOLUTE SAVING GRACE.	Feb 1, 2011 9:57 PM
353	Any family who is receiving services for a disabled child under the age of 18 should be able to receive respite services. It is very important that parents get a "time out" from their child for even just a few hours during the week. It would make for a nicer and kinder and less stressful home. Everyone deserves a break once in a while.	Feb 1, 2011 10:40 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
354	Every parent that does not have family and or friends that can help should be able to utilize respite. They have a 24/7 job that sometimes does not stop at 5 pm	Feb 1, 2011 10:44 PM
355	Families with children who have been determined to have a disability. Parents should get the maximum hours even if they have money.	Feb 1, 2011 10:45 PM
356	We should not be providing any parent provided respite. It should have to be agency only. There is too much fraud involved in parent provided respite.	Feb 1, 2011 10:50 PM
357	All clients of Tri-Counties Regional Center should receive Respite until their 18th birthday. Regardless of the recipient becoming 'school age', parents of children with special needs have more daily stresses than those of typically developing children, and deserve this 'time off' for themselves. More importantly, low income families should most definitely receive Respite because of the possibility of otherwise not being able to afford care for their child for the parent to enjoy some much deserved 'self-time'.	Feb 1, 2011 10:53 PM
358	I think that everyone who experiences having an individual in the home with a disability deserves a little respite. Witout respite most families that are together still may not have been without it.	Feb 1, 2011 11:16 PM
359	Check out my previous answers.	Feb 1, 2011 11:26 PM
360	Parents of children and adults that have a significant disability.	Feb 1, 2011 11:34 PM
361	Any one that takes care of disabled persons.	Feb 1, 2011 11:43 PM
362	those who qualify at the request of parents/ guardians.	Feb 1, 2011 11:47 PM
363	Any consumer who requests or need these services should be available to receive them.	Feb 1, 2011 11:51 PM
364	Respite should be provided to family members who care for disabled citizens so that they can as individuals can function and manage the ongoing needs of the individual over time. All families with disabled members should be eligible for these services.	Feb 1, 2011 11:55 PM
365	We are receiveing respite	Feb 1, 2011 11:57 PM
366	Any already-identified or to-be-identified consumer should have these servuces available to choose--should be made aware of his/her rights to such services.	Feb 2, 2011 12:10 AM
367	All families that have children with developmental delays/concerns under 3 should have access to family support and respite services. Respite used to be available for families with Early Start services but has been cut. Respite should be available for families so they can access training and educational programs relevant to their child in their community. Children with developmental disabilities often have challenging behavior which does not allow them to participate in typical community-based daycare or after school programs. This presents a problem for many families when parents are unable to find/afford a specialized program to care for their child while they work to maintain the family's economic stability. Regional Centers should support efforts to increase the availability of daycare/afterschool programs that can accommodate children with developmental disabilities, and should supplement programs for parents that have limited ability to pay for such programs but require them to maintain employment. Regional Centers should provide a variety of parent training opportunities for the parents of consumers on a regular basis, but recognize that some parents/families are unable to attend such trainings for a variety of reasons (eg, employment schedule, lack of child care/respite care, language barriers, distance/transportation, etc) and should provide training in home when needed. Regional Centers should assist/support parents in advocacy efforts for their children concerning school programs, insurance coverage, etc.	Feb 2, 2011 12:15 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
368	day care should be provided for those who are in specialized day care. this should be strictly enforced with no exceptions since parents of typically developing children would be responsible for this cost. if income is an issue, there are subsidized day care programs that would meet this need.	Feb 2, 2011 12:21 AM
369	Parents should be paid for the respite hours and they have to choose their provider	Feb 2, 2011 12:30 AM
370	This is a service that has been widely abused. I am not a big proponent of this service, unless it is out-of-home respite, with licensed facilities.	Feb 2, 2011 12:31 AM
371	All of the RCEB customers should be entitled to Respite care. Respite care should be determined by the families and the case manager.	Feb 2, 2011 12:46 AM
372	Any parent/guardian of a person with a developmental disability.	Feb 2, 2011 12:47 AM
373	Parents of children with special needs should not have to beg for these services. They should be offered once a month.	Feb 2, 2011 12:54 AM
374	The families who has a child qualified to be a SARC client.	Feb 2, 2011 1:14 AM
375	individualized to family need. I have two children with special needs so I feel that our respite needs are MORE than double what someone with only one child. The older they get (and the older I get) the more I need respite. What families get now is the bare minimum. Further cuts seriously would undermine family strengths.	Feb 2, 2011 1:18 AM
376	Families who are in need of outside help to assist them with severely disabled relatives. Services should not be given to people who can afford these services. Income limits should be met. Illegal aliens should not receive respite services.	Feb 2, 2011 2:13 AM
377	All parents with children with behavioral challenges. I have found my life much more easier with the skills I have learned through parent training.	Feb 2, 2011 2:30 AM
378	Anyone who needs it should receive it.	Feb 2, 2011 2:43 AM
379	case by case basis	Feb 2, 2011 2:53 AM
380	As needed.	Feb 2, 2011 3:37 AM
381	People with moderate to profound developmental disabilities	Feb 2, 2011 3:48 AM
382	based on household expenses not income alone should be issued a respite of graduated hours.	Feb 2, 2011 3:48 AM
383	I think this is a great program and much needed and appreciated by those who care for people with disabilities. Keep this in tact please.	Feb 2, 2011 4:35 AM
384	Respite should be for older adults, who typically would be out of the family home if not for their disability. Also, if the family is paying themselves the IHSS, then they should not be eligible for respite. If they paid someone else to do the work - then they would in fact have respite. If they pay someone else, and there is still a need for respite, then the RC could purchase.	Feb 2, 2011 5:25 AM
385	first and foremost the reps are not educated and do not inform the parents about these services..so without parent being made aware its useless. respite should not just be home bound..we should be able to take the worker out in the environment to help us for outing with kids. the respite workers i have had are all useless..they talk on the phone and dont watch kids properly. i dont trust them i no longer use it until i see the needed changes. i have two autistic children..its no walk in the park	Feb 2, 2011 5:26 AM
386	Anyone whose caregiving is constant, intense and/or depressing. Absense of refief (and maybe lots of it) can turn the situation into one of indifference, inattention, or worse, against the person in need of care.	Feb 2, 2011 5:31 AM
387	These services are so important. Anyone who is at risk of being removed from the home or the family needs a break.	Feb 2, 2011 6:00 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
388	Clients who can't be left at home alone. Families who need a break to keep thier family members living with them. Each family should be given extra hours each year to take extended vacations so that they can survive living with their family members and providing cheaper, healthy care.	Feb 2, 2011 6:10 AM
389	Respite care should be available for every family. Day care at all levels should be increased, and facilities should be the choice of the affected individual, their parents/guardians, and/or the team.	Feb 2, 2011 6:12 AM
390	All caregivers, guardians with special needs children and adults; mentally ill children and adults, etc. Also there needs to be a place for children who scream from seizures and the difficult to place child/adult.	Feb 2, 2011 8:54 AM
391	Parents should ask the cooperation of other relatives, neighbours and friends to be relieved when they need it. Only in America this service exists. Most of the money paid to parents are not used they way it should be used.	Feb 2, 2011 2:09 PM
392	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 2, 2011 3:41 PM
393	DD consumers/parents when there is no other resources in the community. Sitter service/respite should be limited to up to 16 hours per month or less. SDRC should not fund day care, adult day care nor advocacy.	Feb 2, 2011 3:45 PM
394	Respite should be discontinued. It is a service that can not longer be afforded. Children attend school, families can take a break during that time. Adult clients attend day programs, work, etc. families can take a break during that time. To provide for longer periods of "get away time" families should use other family members and/or friends.	Feb 2, 2011 4:04 PM
395	Individuals with Autism and Aspergers.	Feb 2, 2011 4:42 PM
396	If a family is in need of someone to help aide with their child we should not deny that. It is hard to find a someone to watch children let alone a child with needs. Families should have the option to leave their child in the care of someone who understands and can help these families.	Feb 2, 2011 4:44 PM
397	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 2, 2011 4:58 PM
398	Place high priority on the most disabled individuals. Give priority to individuals with severe and profound mental retardation, non-ambulatory individuals and individuals with high franklin factors Eliminate parent vendored respite	Feb 2, 2011 5:28 PM
399	Respite is an important component of making other services work. An exhausted parent CANNOT participate effectively in behvaior servies, Early Start Program, etc. Living with an individual with developmental disability such as autism often derails the family culture to become "autistic" as a whole. The family has no time to socialize with others. All families with a member being developmentally disabled and living with family should be offered respite or specialized respite services (specialized respite services offer staff who is trained and supervised to support families who have a child with challenging behaviors)	Feb 2, 2011 5:47 PM
400	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 2, 2011 5:54 PM
401	Any family member that needs help with advocacy and parent training.	Feb 2, 2011 6:18 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
402	Raising a child with dev. delays is very taxing and puts a great strain on family relationships. The amount of care it takes to help a child reach his/her potential is exhausting. Without respite, both within and out of the home, the caregiver gets no break. The break is very necessary to prevent undue stress. Without it the caregiver can not regain a sense of self, manage the stress, or relax, which can lead to an unhealthy relationship with his/her child who has the disability.	Feb 2, 2011 6:29 PM
403	Families with single parents.	Feb 2, 2011 6:33 PM
404	Anyone who needs it. My family participates in the family cost program. Without respite services, I could not keep my sanity and the health of myself and other family members without it. It's a great break for the child to depend on another and it's just a life saver.	Feb 2, 2011 6:34 PM
405	Per family need, maximum 12 hour per month per each consumer in the household.	Feb 2, 2011 6:37 PM
406	Only persons in which are at severe risk for being taken out of home should recieve respite.	Feb 2, 2011 6:40 PM
407	a	Feb 2, 2011 6:52 PM
408	Anyone with a special needs kid - it's difficult to be the warrior parent, caretaker, advocator and human being without a break. And it's very isolating being a SNK parent,	Feb 2, 2011 6:57 PM
409	Respite is a short break and is not intended for child care. When we make a decision to become a parent, we sign up for the whole package including parenting. Parents of children with behavioral issues, Autism, MR and intense medical issues should be able to get this service.	Feb 2, 2011 7:20 PM
410	Look at what other services are being provided. IHSS, MediCal Waiver. MediCal sometimes pays for Pediatric Day Health Care Centers. Unfortuately, state agencies are unable to cross-check a particular individual. Only provide services to those who are not receiving the service from another source.	Feb 2, 2011 7:22 PM
411	Family supporting individuals primarily in their homes	Feb 2, 2011 7:23 PM
412	Families of children and adults who live with RC clients.	Feb 2, 2011 7:41 PM
413	Any adult client whose family needs a break.	Feb 2, 2011 7:45 PM
414	Respite should be set at an amount that would be consistent for all regional centers. All families should qualify for some type of respite. Camp as an out of home respite should be funded for families.	Feb 2, 2011 7:47 PM
415	Individuals with Prader-Willi Syndrome require these services.	Feb 2, 2011 7:48 PM
416	Respite should be available for ALL families caring for a developmentally disabled child. If your child is a client of the Regional Center, then respite should be available.	Feb 2, 2011 8:57 PM
417	Respite should be provided to families who require intermittent services beyond what would be required for a typically developing child, therefore, when child is enrolled in school, respite may be limited.	Feb 2, 2011 9:04 PM
418	All parents of consumers should be eligible for these services.	Feb 2, 2011 9:05 PM
419	There should be a respite tool that determines the number of respite hours that is adoped by the state and all RC need to adhere to it. The form should designate categories of hours such as1-25 and 26-36 etc the hours would be based on need due to the level of disablity not just a standard that you can't use over 90 a quarter. The RC should not fund advocates. The Regional Center is supposed to be the advocate and if DDS has questions about the performance of the RC they need to deal with that RC directly.	Feb 2, 2011 9:14 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
420	Any client who lives at home with their family, the family should receive respite services. If a client lives in a group home that is owner runned, then the owner of the group home should recieve respite services.	Feb 2, 2011 9:26 PM
421	Keep exisitng standards. If DDS has reason to believe a regional center is violating Lanterman or its regulations, they have autthority to impose stricter or adopt better standards. Assuming cost containment is the real issue, give Regional Centers a fair/standardized allocation and assure they don't over spend. Providers/Service availablity and in some cases even conusmer needs are different through out the regions CA. Regional Center's must have flexibility. They have Board of Directors, an appeal process and DDS oversite. If we use the system correctly, that is enough. Again there are more than enough exisitng standards....what works in LA won't work in Far Northern.	Feb 2, 2011 9:34 PM
422	only for families who want this service and request it. some families have hours but do not use them.	Feb 2, 2011 9:37 PM
423	I think trying to standardize a population that is considered non-typical by all standards would gravely impact any possibility of each client to explore options that would improve their lives. My daughter has Angelman's Syndrome, about 1,000 in the world. She, 27, is unique even within that group. Her functional development improves with new techniques, and I search for challenging experiences that can be adjusted to her needs. I work with many groups in an attempt to allow her to realize her fullest potential. The thought of Service Standards being applied to my daughter would be cruel and injurious to any potential improvement she might enjoy. I work hard to be my daughter's advocate and share those benefits with those that she encounters. We all overlap on some level. My life is not standard and I constantly look for ways to improve the way I work and live. I believe improving life is something we all deserve.	Feb 2, 2011 9:40 PM
424	No parent should receive these services if the consumer lives at home.They already receive the client's SSI.	Feb 2, 2011 9:41 PM
425	CLENTS	Feb 2, 2011 9:45 PM
426	I am not sure anyone understands how caring for someone with a disability is a full time job in and of itself, with no rest, and no ability to take care of logistics. In caring for my disabled son, I have no time to pay bills or clean house until after he is asleep every day. once he sleeps, this can be done, which keeps me up often until 2am, only to get up at 6 am when he gets up, to get him to school and me to my job. when is there time to grocery shop? he must be attended to, and is not capable of going to the store. this can only occur during respite.	Feb 2, 2011 9:45 PM
427	Any Family mamber of someone part of Region Center	Feb 2, 2011 9:49 PM
428	Parents with special needs	Feb 2, 2011 10:01 PM
429	Parents that have children diagnosed with developmental/leaning disabilities (Austism).	Feb 2, 2011 10:06 PM
430	*Any individual who needs the extra support due to a disability	Feb 2, 2011 10:10 PM
431	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
432	People providing care should be chosen my the parents. If we provide possible care givers we better make sure they are good decent people!	Feb 2, 2011 10:13 PM
433	Anyone who helps take care of individual with disability.	Feb 2, 2011 10:17 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
434	Respite is essential to a family's ability to have some time not usurped by the tremendous needs of a disabled family member. So many relationships are strained by the stress and it would be cost saving in the long run, I believe for families to have even more than they receive now. Caregiver burn out is recognized now by baby boomers and spouses but how long have the needs of disabled caregivers been ignored or down played. Less people would end up in group homes if more respite services were available especially for adult children, whose own caregivers are aging themselves. Priority should be given to those whose children's or adult's needs absolutely cannot be met by extended family or cannot afford to pay privately for respite.	Feb 2, 2011 10:20 PM
435	Please previous topic response....	Feb 2, 2011 10:26 PM
436	Every Client and their family should receive respite. It provides a much needed break from the stresses of caring for a disabled indiv. It provided individual time for other siblings in the family. It saved our marriage.	Feb 2, 2011 10:28 PM
437	Those individuals who IPP team has identied a need for these services, as described in the Lanterman Act Section 4646 (a)-(d) .	Feb 2, 2011 10:29 PM
438	Any family with a member with a developmental disability needs respite services and should qualify for them whether the consumer is 0-3 or 40.	Feb 2, 2011 10:29 PM
439	Anyone with a special needs child needs to have time to be away from that situation.	Feb 2, 2011 10:30 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
440	Single Parents. Working Parents.	Feb 2, 2011 10:42 PM
441	z	Feb 2, 2011 10:46 PM
442	All FAMILY MEMBERS WITH A CHILD THAT HAS A DISABILITY	Feb 2, 2011 10:47 PM
443	Parents in need of respite services.	Feb 2, 2011 11:10 PM
444	Families in crisis or have no other options.	Feb 2, 2011 11:25 PM
445	Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration. As a mother of a special needs child, I know how more-than-essential this care is, and how families are suffering. When the parents are worn down, unable to work, unable to give appropriate quality care to their kids because of their stress level, everyone loses -- kids, parents, families, the regional center in increased costs for other things.	Feb 2, 2011 11:42 PM
446	Parents or specified caretakers of individuals with special needs.	Feb 3, 2011 12:02 AM
447	The client should have specific behaviors for example: tantrums, self-abusive behaviors or hyperactivity that may present a danger to him or her or others. or the client should have a need for constant medical care or significant self-help skills deficits.	Feb 3, 2011 12:14 AM
448	Early Start families should receive respite. The argument that all young children need care, and therefore infants/toddlers with developmental disabilities are of no greater burden then typical children is nonsensical. This is the period when parents may be experiencing significant grief and need to be able to attend workshops, support groups and reach out to community supports.	Feb 3, 2011 12:16 AM
449	Any parent or primary caregiver who wants or needs them, if the child cannot be cared for by a neighborhood teenage babysitter, due to medical, developmental, or behavioral needs. Parents and their families need skilled and experienced respite providers, they should not be forced to alienate their families by begging ill-equipped grandmas to care for their autistic or medically fragile chile.	Feb 3, 2011 12:21 AM
450	people who apply for them and are determined to need them; should be offered to all people in need, not just those with disabilities	Feb 3, 2011 12:44 AM
451	Same answer as previous pages	Feb 3, 2011 12:46 AM
452	All the parents or caregivers of children and adult with special need.	Feb 3, 2011 12:51 AM
453	State needs to provide assistance to adults living in the community who are now living with aging parents. State has cast a blind eye on this problem and it is shameful.	Feb 3, 2011 1:03 AM
454	Unless you have a child with a disability you have NO idea how draining it can be. I have 20 hrs a MONTH of respite! I am a single mother so that is pretty much the only break I get. Any family with a special needs child should get respite!	Feb 3, 2011 1:03 AM
455	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 1:03 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
456	I think that Respite should continue to be assessed annually but should gradually decrease each year by a percentage if parents are receiving DTT or Intensive ABA behavioral services if a consumer has Autism. I think that if there are medical needs that should be assessed differently and continue to remain. I also think that if a parent is receiving respite due to behavior/self-helps skilsl but refuses behavioral serivces such as DTT, In HOme Parent Training, or Adaptive Skills then, respite should be no more than 10-20 hours a month.	Feb 3, 2011 1:04 AM
457	Families, especially single parent families, who have a child with developmental challenge--particularly if that prevents the parent from leaving the house without their child--even an adult child.	Feb 3, 2011 1:07 AM
458	Respite should not be funded except for children with medical conditions that require nursing level of care. Personal Care may funded for consumers with challenging behaviors that require the expertise of a specially trained person to care for them. The Regional Center should not fund Educational Advocacy for minors living in their parents' home. Regional Center may fund self advocacy training for consumers. Regional Centers should not fund for child day care. Regional Centers may fund for parent training. Regional Centers may fund for adult day care programs.	Feb 3, 2011 1:15 AM
459	those caregivers who cannot get their personal issues covered because of 24/7 care for a child	Feb 3, 2011 1:25 AM
460	Those that recieve few other services because their needs are to great	Feb 3, 2011 1:27 AM
461	any one in need of these services who takes care of an individual with special needs	Feb 3, 2011 1:33 AM
462	those who ask	Feb 3, 2011 2:02 AM
463	Any regional center consumer who qualifies by basis of disability.	Feb 3, 2011 2:04 AM
464	If something needs to go with help for our families this should only be the option - all other servies should be kept to provide for the speical need children/adults who need them.	Feb 3, 2011 2:16 AM
465	Families need respite	Feb 3, 2011 2:24 AM
466	People who need the assistance after taking into consideration the generic resources available to them. Must use generic resources is available prior to RC funding.	Feb 3, 2011 2:26 AM
467	Base on Need and not Budget cuts!	Feb 3, 2011 2:36 AM
468	Familes where the child has a diagnosed disorder that requires additional/special handling outside of the regular after-school systems that are available.	Feb 3, 2011 2:43 AM
469	case by case	Feb 3, 2011 2:55 AM
470	Respite already has statewide service standards.	Feb 3, 2011 3:04 AM
471	Respite care should only be provided for families in which both parents or caregivers are employed outside the home and there is no one available to care for the consumer.	Feb 3, 2011 3:11 AM
472	I know there are other autistic children who are more difficult than mine, but I feel as though I haven't been able to gain weight, get a good nights sleep or take a shower for more than 2 minutes since my child was born. I am a single parent and I receive 21 respite hours a month, and it barely gives me time to catch up on chores and shopping, much less giving me a rest. Furthermore, I can't get anyone to actually work with my son for what is paid out to the care providers (about $8.70 per hour), so I have to add $5 more per hour.	Feb 3, 2011 3:23 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
473	Respite can be essential for continued placement of a consumer in their family home. Personally without respite, I'm doubt our family would be intact. At times it can be impossible for a family to leave the home with the consumer thus forcing them to be shut in the home of divide the family on every recreational, educational or social opportunity. Parents are often unable to attend to the recreational and educational activities of the disabled persons siblings without respite. Clearly the divorice rate of parents of disabled children speak of the difficulty of maintaining an intact family unit due to the stress generated by that child's disability. Without respite, maintaining a relationship can be impossible. Due to this service should be based on need. Is the consumer able to access activities in the community with their family, if no the family needs respite. Does the consumer have behaviors that can exhaust the families patience or ability to care for the consumer? If so, then the family needs respite. If respite isn't received the consumer is likely to need out of home placement that will only increase costs.	Feb 3, 2011 3:32 AM
474	As soon as developmental milestones have not been met.	Feb 3, 2011 3:33 AM
475	all children and families are in dire need and desperately need such care. there is a tremendous stress in the homes and this alleviates even if it is minimal	Feb 3, 2011 4:43 AM
476	a respite guideline was developed through arca. adopt it as standard statewide. Only exception above the respite guideline is if failure to provide will result in placement out of home.	Feb 3, 2011 5:18 AM
477	all of those with developmental disabilities that qualify	Feb 3, 2011 5:22 AM
478	Families whose children require an aid in school or are unable to attend school	Feb 3, 2011 5:57 AM
479	Services should be available to all families/caregivers of disabled children and adults.	Feb 3, 2011 6:07 AM
480	These services make a HUGE difference in our quality of life. It is so hard to be a working mom with a special needs child. All these services help my son reach his potential and keeps me sane. Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 6:11 AM
481	Annody with special needs kids	Feb 3, 2011 6:13 AM
482	Clients with a need, dependent on others for daily living skills, eg. food, cloths, transportation and supprt for medical services.	Feb 3, 2011 6:24 AM
483	Respite services shall be determined on the basis of time needed and the financial ability of the parent to find alternative care. The goal shall be to support the disabled child's ability to stay in the home and for the parents to support this child over the long-run.	Feb 3, 2011 6:28 AM
484	any family that cares for a child or adult that could otherwise be placed in a residential setting due to intensive needs. respite cost is nothing compared to the cost of paying for montly residential placement which is usually $2500+/month.	Feb 3, 2011 6:30 AM
485	Moms and Dads with SEVERELY disabled children; they simply MUST have a date night or some sort of mental health break.	Feb 3, 2011 6:33 AM
486	No Comment	Feb 3, 2011 6:53 AM
487	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:53 AM
488	all who needs.	Feb 3, 2011 6:53 AM
489	Any RC client whose family asks for these services.	Feb 3, 2011 7:32 AM
490	If both parents are not employed, family should either receive respite or day care and not both in any given month. Not sure that both are needed....	Feb 3, 2011 7:45 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
491	All families need respite time. Sometimes, you need a break from the constant care giving or demands of disabled family member. Also, sometimes, you need to go somewhere that your disabled family can't go to for various reasons.	Feb 3, 2011 7:48 AM
492	everyone who takes care of them especially sinle parents with no family members to help	Feb 3, 2011 7:48 AM
493	Respite care should be given to the caregivers on any developmentally delayed child or adult.	Feb 3, 2011 8:07 AM
494	Parents of persons of all ages with disbilities.	Feb 3, 2011 8:12 AM
495	minimum of 32 hours a month should be the lowest hourly total for respite services	Feb 3, 2011 9:13 AM
496	Medical, behavioral subjects whose families have no immediate intra-family support and who do not have financial means for additional care-giving.	Feb 3, 2011 1:50 PM
497	I feel if a parent does not work and the child is in school, they dont need respite. If so after school program.	Feb 3, 2011 4:36 PM
498	Respite services should not be provided by the state. Intervention services is the only way that a family or individual can become independent from the state support. Respite is a life long support with costs that can be much better served to help the individual long term instead of day to day.	Feb 3, 2011 4:42 PM
499	Current standards are working well.	Feb 3, 2011 4:44 PM
500	autism	Feb 3, 2011 4:51 PM
501	Every family is impacted by the responsibilities of caring for a loved one with Developmental Disabilities. Respite is vital not only as a coping mechanism but as a tool for reduction stress related illness and health decline, which costs the state more money.	Feb 3, 2011 5:09 PM
502	Everyone should be eligible for respite.	Feb 3, 2011 5:19 PM
503	Yes	Feb 3, 2011 5:22 PM
504	Clients who wouldn't be able to stay safe on their own	Feb 3, 2011 5:24 PM
505	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 5:25 PM
506	Health and Safety needs, not just for caregiver relief	Feb 3, 2011 5:27 PM
507	Any parent who does not get enough rest or an opportunity to complete other necessary activities because of the child's need for constant care.	Feb 3, 2011 5:42 PM
508	Should be available to RC consumers	Feb 3, 2011 5:43 PM
509	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 5:50 PM
510	Eliminate Reg Ctr eligibility for 5th catagory	Feb 3, 2011 5:51 PM
511	Parents should be given respite in order to get refreshed in order to continue re-energized caring of their special needs children	Feb 3, 2011 5:52 PM
512	Children, youth or adults who live at home with a primary care provider, family member or parent. IHSS protective supervision has been denied. To be provided in the consumer's home by a person other than the care provider or parent. Can be provided out of home at licensed facility if in home respite does not provide adequate support in order to prevent out of home residential placement. A worksheet measuring domains of need in health, mobility, daily living support, social, emotional, commuication and cognitive needs as well as objective measure of family's nature support structure shall be used to determine range of authorized hours of respite.	Feb 3, 2011 5:56 PM
513	all children with special needs/disabilites	Feb 3, 2011 6:11 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
514	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:19 PM
515	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:31 PM
516	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:32 PM
517	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 3, 2011 6:45 PM
518	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 6:50 PM
519	Any person with developmental disability should be eligible.	Feb 3, 2011 6:53 PM
520	Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration. As one who provides respite for families, I see how more-than-essential this care is, and how families are suffering. When the parents are worn down, unable to work, unable to give appropriate quality care to their kids because of their stress level, everyone loses -- kids, parents, families, the regional center in increased costs for other things	Feb 3, 2011 6:59 PM
521	Respite should be restricted to those families who have very special need consumers. For the clients who do NOT require specialized care it should not be offered at all. When I raised my children the friends or family would trade time with each other to get some personal time. these families are not different UNLESS the consumer requires specialized care and that is not the majority of our folks. HOWEVER for the total care very impaired consumers the respite should in fact be increased and not decreased as it usually is instead of the lower end less needy folks. The state has this backwards. More to the needy, less to the more capable.	Feb 3, 2011 7:22 PM
522	Those individuals with disabilities that do not allow them to have access to typical care programs and those who need constant care.	Feb 3, 2011 7:26 PM
523	Any family stating there is a need	Feb 3, 2011 7:39 PM
524	As careproviders we don't receive these services. Why should a family member. They receive the consumers SSI $ had should have funds available if they want or need a break.	Feb 3, 2011 7:52 PM
525	Any parent/family that has a child/adult that is totally dependent on them.	Feb 3, 2011 7:53 PM
526	As assessed for the family - very important for the families who have the developmentally disabled person living at home. Parent training is also very helpful and so is advocacy	Feb 3, 2011 7:56 PM
527	The families of the most needy consumers should receive this NOT everyone.	Feb 3, 2011 7:56 PM
528	All parents and guardians of persons with disabilities should receive respite services.	Feb 3, 2011 8:04 PM
529	Caregivers of individuals with disabilities, especially caregivers of those on the autism spectrum.	Feb 3, 2011 8:04 PM
530	To keep FAMILIES from divorce = this is needed	Feb 3, 2011 8:17 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
531	The new law does not allow Respite for parent of a child under the age of 3. The regional center does not help with daycare for a child under the age of 3. That is insane.	Feb 3, 2011 8:17 PM
532	Those that qualify by meeting the proper background checks by their hiring agencies.	Feb 3, 2011 8:21 PM
533	Individuals with developmental and/or physical disabilities.	Feb 3, 2011 8:29 PM
534	These service should be available to the parents who ask for. Parents know exactly how much and when this service is needed and they can choose who will be able to provide it.	Feb 3, 2011 8:36 PM
535	That is what the qualified team is for, they know the consumer best.	Feb 3, 2011 8:41 PM
536	Families of those with maladies.....and every family situation is different so to blanket respite across the board with a standard number of hours will not work!	Feb 3, 2011 8:51 PM
537	I believe the current standards are appropriate and accurate. We desperately need respite services for our minor son diagnosed w/ autism. Because of respite services, I have been able to attend his IEP meetings, jury duty when summoned, vote, doctor appointments, meet w/ his teachers, all as needed, because I am able to call our respite worker and she is available at a moments notice. This is a very valuable services to consumer and care giver, not to mention parents, siblings, extended family and the community at large. We appreciate our respite services.	Feb 3, 2011 8:51 PM
538	These services should be limited - too many seem to take advantage of this service.	Feb 3, 2011 8:51 PM
539	A service standard would be to not cut the service to the consumer. Cutting people low on the food chain is Darwinistic and wrong. People reply on services to help them. Take from the Capitalist. This Government is not working for the people but only for Capitalism. Anyone who is in need of the service should and must receive them, all of them. Families and consumers need this time. It is critical to the family structure.	Feb 3, 2011 8:56 PM
540	24/7 Disabled	Feb 3, 2011 8:58 PM
541	Define respite guideline more clearly. Those who receiving IHSS protective supervision should also be eligible for respite. IHSS should not be considered as respite.	Feb 3, 2011 9:06 PM
542	To be determined at the IPP	Feb 3, 2011 9:06 PM
543	All parents of children with severe disabilities should receive respite. Withour respite, children are at risk for neglect and abuse. This service provides much needed time away from the constant demands of providing a child or adult with disabilities care.	Feb 3, 2011 9:07 PM
544	To care for another person is an over exhausting way for people to live. Mainstream people do not typically need another person to do everything for another person, Kids grow up and then come back and take care of their parents. Not true in these situations. Some people grow older needing the same supports as a small child might. It is exhausting day and night. caring for an individual with more intensity than the average can and will be depilitating for the people around. It impacts the quality of life for all. Any one helping needs breaks and the older all become the more the need can be.	Feb 3, 2011 9:23 PM
545	All Families with disability issues and diagnosis.	Feb 3, 2011 9:27 PM
546	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:29 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
547	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 9:29 PM
548	Respite service should have a financial needs test of some sort. There are circumstances in which family members are financially well off or affluent or the client has a trust fund that enables them to have "respite" provided utilizing the trust fund or other assets. Regional Center or the Department of Developmental Services should be considered as a "secondary insurance payor" and not the "primary". Indeed, some of the same family members that receive "respite" money at Regional Center expense are receiving IHSS money. This is "double dipping" as the family member is already receiving monies and could easily pay another entity for any "respite" that he/she requires.	Feb 3, 2011 9:34 PM
549	All families who have any children with any type developmental disablilities	Feb 3, 2011 9:38 PM
550	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 9:48 PM
551	n/a	Feb 3, 2011 9:55 PM
552	automatically should be given to ALL clients of regional center. When you have a special needs person in the family you need respite - PERIOD.	Feb 3, 2011 10:07 PM
553	There should be an assesment of family need to determine eligibility.	Feb 3, 2011 10:09 PM
554	Families of children or adults that have severe medical needs or extreme beahaviors that do not have family support to provide them with a break.	Feb 3, 2011 10:14 PM
555	daycare, care provider	Feb 3, 2011 10:23 PM
556	This is another program that is essential to families struggling to raise children with developmental delays. It should be available for any family deemed elligible.	Feb 3, 2011 10:26 PM
557	Respite seems important. However, if a family has money to pay for respite, then it seems like the state should not pay. You should probably have to be poor to get this service.	Feb 3, 2011 10:45 PM
558	These are extremely important. Parent education may well be the most effective way of parents to get information needed to be successful in raising a special needs child. So much is learned from other parents, and the training they have had, that its something that should be available for all parents to take advantage of. Day care is very important, especially for the children over 12 yrs of age. There is no daycare facility that will take your child after 12 yrs of age, state limit. Over the years there have been after school programs available for special needs, which is a great necessity. Although these were not available when my adult child was in school, it would have helped. I had to go to part time work in able to be there for him after school hours. Respite services are essential to the well being of the family. All families with special needs children need a break!!! They need to have someone they feel comfortable with, friend, family, respite provider from service organizations, in order for them to have some time away. A lot of parents are 24/7 with their child, and many have other children, spouses, friends. They need this respite to take time out to enjoy a little time by themselves. A lot of parents don't even know how much they need this break until a respite provider comes and shows them. Parents have so much stress that time out gives them a little time to recharge, and be better parents to all their children.	Feb 3, 2011 10:59 PM
559	Consumers who have a need based upon their diagnoses.	Feb 3, 2011 11:01 PM
560	As currently set.	Feb 3, 2011 11:14 PM
561	Any family who has a child with a disability! It is extremely stressful on parents/family to raise children with a disability. There are so many hardships that parents of disable children go through daily.	Feb 3, 2011 11:25 PM
562	To all families with disabilities	Feb 3, 2011 11:36 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
563	Any family that has family members with a disability that requires one-on-one care.	Feb 3, 2011 11:41 PM
564	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 3, 2011 11:47 PM
565	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 12:08 AM
566	Parents whose children cannot be cared for well by typical 'babysitters' or child care centers should have the opportunity for respite. Respite coudl be based on in come. Parents with high level of stress and limite family support can also benefit from respite.	Feb 4, 2011 12:14 AM
567	Respite standardized. You either meet the criteria or don't. No loop holes no room for personal interpretation. Standarized respite hours for everyone 4, 6, 8 or 16 monthly. Pick one and no in between levels. Meet three, four or five out of five areas and you qualify. Simplfy the process with a box with check list which is the same form used by each regional center. No exceptions or outstanding circumstances. Respite means a break, most exceptions are short term. No daycare funding offers, each parent be responsible for finding someone to care for their child as any other child or parent. Its part of parenting.	Feb 4, 2011 12:32 AM
568	keep the status quo	Feb 4, 2011 12:33 AM
569	parents who have severe disability	Feb 4, 2011 12:52 AM
570	This is critical for the overall well being of the caregivers for the disabled. As a parent of a young child with special needs and other children as well it is absolutely ESSENTIAL to the well being of our entire household that we receive respite care. This allows us to care for our other children appropriately as well as function as adults and have some much needed time for our own mental health regeneration. The responsibility of caring for someone with special needs is HUGE and a tremendous burden emotionally and physically.	Feb 4, 2011 12:58 AM
571	starting at age 0! When children turn 3 they go to preschool and that at least gives the parents a little break. currently there is no respite care for under 3 and no school. those parents need a break to and it is very expensive to raise a special needs child even without paying a babysitter/ respite provider.	Feb 4, 2011 1:00 AM
572	With regards to adult consumers, those families who are the sole caregivers of their relative, who have applied for similar services from applicable agencies (such as IHSS) should be offered these services if they have been denied or require additional help. Offering these services, which allow the consumer to remain with their family, is also more culturally sensitive.	Feb 4, 2011 1:23 AM
573	Person's with disabilities need to get this service. VERY IMPORTANT, as families cannot function without this service	Feb 4, 2011 1:24 AM
574	Respite could be eliminated unless a child needs a nurse or has severe behaviors. After school care for children (and adults) over the age of 12 is very important and should be provided for all working families. Parent training along with advocacy training is great and is offered FREE at many places. RCOC should provide resources but not funding.	Feb 4, 2011 1:40 AM
575	Anyone who has a child/person diagnosed with a disability that interferes with the options to go out into public and that may cause a disturbance or problem	Feb 4, 2011 1:41 AM
576	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 1:58 AM
577	only US citizens!	Feb 4, 2011 2:07 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
578	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 2:09 AM
579	Parents of children under the age of 21 should receive respite services in order to be able to maintain their children at home. These services could be provided on a sliding fee scale.	Feb 4, 2011 2:10 AM
580	all clients that are legal citizens should be give respite, most clients are care for by relatives and the care takers of the clients need to have a break to be able to provide clients with quality care. taking this away would cause the providers of the clients care to be drained and worn down.	Feb 4, 2011 2:13 AM
581	For many family members that take care of persons with disabilities this is a fundamental service. It provides the break and the opportunity to restore the energy needed in order to cope and carry on in their life.	Feb 4, 2011 2:15 AM
582	Families with children or adults with severe medical or behavioral needs.	Feb 4, 2011 2:23 AM
583	Families of consumers providing primary care, when the care of the consumer is much beyond the care of another person of the same age. Young children without large self-care deficits or difficult behaviors might well be cared for by friends, extended family, and neighborhood babysitting (including drop-in childcare locales). Parents should be encouraged to use these as they would for any other child. Similarly, daycare payments for children should be when the child needs specialized care that cannot be provided by the typical daycare options in a community. Very often parents learn that the center provides a daycare cost share, and understandably they want to participate. Daycare is very expensive in this state. We are in an urban, high-cost area. However, I think the idea that there was assistance for daycare became seen to be a given. If a child was with Regional Center, they could get daycare assistance (help paying for it). Again, we should help by referring to all the usual agencies for parents to locate daycare for their children. That said, as with respite, there are children who are much more difficult to care for due to their developmental delays, health concerns, self-care needs, and behaviors. These parents often need more assistance than we can provide. We often can help pay for daycare, but we have no way of helping them find appropriate staff or facility, except for the very few that are vendored. One large limit here is that the school districts refuse to transport children to a daycare person or place outside of their own district boundaries. Parents often feel that they have been left adrift.	Feb 4, 2011 2:47 AM
584	Services should be provided to family members of people with developmental disability.	Feb 4, 2011 2:50 AM
585	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 2:51 AM
586	CVRC should have homes that are respite homes for the providers. Providers can pay for the services from their vendor reimbursements. Providers need a break too! The homes can be set up to be respite homes only and no additional fees would come from CVRC, it would give the providers and staff a break from consumers who have no families or families don't ever, ever take the consumers home!	Feb 4, 2011 2:59 AM
587	All care providers with disabled parties since very limited private parties available to care for the child. The hours can be limited depending on the need.	Feb 4, 2011 3:05 AM
588	This need to be determined case by case to address each families ability to handle the entire family.	Feb 4, 2011 3:29 AM
589	Respite for family who has anyone at home who requires a lot of intense care should be offered to those who haven't options. Taking care of the caregiver is crucial in keeping the family unit solid.	Feb 4, 2011 3:38 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
590	My 20year old son still lives at home. He will probably move to a group home in the next 5-10 years, but in the meantime respite time is very important for the rest of our family. Once he is out of school (2 years) his adult day program will be very important (and allow me to continue working and paying taxes!) These services should be determined by the IPP team as described in the Lanterman Act.	Feb 4, 2011 3:55 AM
591	All clients and families according to their needs and severity of the disabilities.	Feb 4, 2011 4:03 AM
592	Family members who are caregivers for developmental delayed individuals	Feb 4, 2011 4:08 AM
593	All families should have the choice to use respite services.	Feb 4, 2011 4:12 AM
594	It is a must service for all caregivers	Feb 4, 2011 4:13 AM
595	clients that could not have a friend or relative do this for free or paid by the parent. medical needs and severe behavioral problems should be served first and others that are not as disabled should have alternative solutions for the parents ....some kind of evening programs need to be started which may reduce costs verses individual care? so parents can have some free time for themselves.	Feb 4, 2011 4:19 AM
596	This is a benefit for families with severely medically complicated children. Families need to be able to meet the needs of all members, and if a child is medically compromised it can be difficult to find an appropriate caregiver to allow the family time away from the child.	Feb 4, 2011 4:29 AM
597	Any client that has a disability that affects his/her care that is greater than a child/person of the same chronological age due to a disability should be able to receive respite care.	Feb 4, 2011 4:30 AM
598	Parents who care for a child with autism need respite because caring for this disability is very physically and emotionally draining	Feb 4, 2011 4:41 AM
599	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 4:59 AM
600	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services	Feb 4, 2011 5:09 AM
601	These services are key to MANY people. Think about how important YOUR mental health is to YOUR life. It is crucial! Family members who are caring for a developmentally disabled child or adult are under a lot of stress. They must deal with issues that others do not have to deal with. When they need a break from the stress, they cannot simply use the same services that are available to the non-disabled population. A teen-age babysitter may not be able to care for the disabled child and there are no mainstream off-hour, 'as needed' services for an adult. Respite care may be the only way these family members are able to get away and re-charge. PLEASE do not be stingy in deciding who is able to be in these programs and in devoting resources to this effort.	Feb 4, 2011 5:18 AM
602	THIS IS ESSENTIAL. and benefits the economy as a whole as well. THis is determined by Individual Program Plan team members and qualified caregivers on an individual bases!	Feb 4, 2011 5:30 AM
603	The family's financial situation should be considered. Is it fair to provide respite when a family has the means to pay a sitter or nanny and they would do this if the child was typically developing? Need to consider that the client with special needs may need a more highly skilled caregiver who costs more than the "average" sitter or nanny.	Feb 4, 2011 5:35 AM
604	Individuals with Autism - individual eventually progresses into the General Education program	Feb 4, 2011 5:38 AM
605	A consumer that does not have a support from parents.	Feb 4, 2011 5:39 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
606	Need to be determined in IPP mtg., with parent input given priority.	Feb 4, 2011 5:53 AM
607	Family of person with disability.	Feb 4, 2011 6:01 AM
608	I think all parents need a break, especially parents of our clients. Again, that was one major thing in the past that had to be re-figured. I guess it is time again.	Feb 4, 2011 6:10 AM
609	families who have a most severely disabled and involved individual. And whom if without the respite would not be able to care for the individual at home.	Feb 4, 2011 6:11 AM
610	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 6:53 AM
611	Working parents with other siblings, condition of the client must be severe or behavioral to give relief to a family member	Feb 4, 2011 7:29 AM
612	For parents and family who are taking care of her son or daughter.	Feb 4, 2011 7:33 AM
613	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:46 AM
614	Only provide Respite for children of parents who are not working or are in school.	Feb 4, 2011 9:26 AM
615	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 3:21 PM
616	Families who make too much money do not qualify for services, but are still left without resources as far as finding a qualified person to provide services for their child. Perhaps a list of providers could be given to those parents who have to pay personally for the care. At least we would know that the person we are hiring is qualified. Also, many parents have income that is "under the table", or are self-employed and receive respite because they don't show all their income. They then recieve services that are denied to parents whose income is more visible. The expenses of raising a child with profound disabilities are huge and many are not covered by anyone except the parent, requiring them to spend a lot of money, which decreases their resources, and yet because their income is above the limit for receiving respite, they do not quality.	Feb 4, 2011 4:03 PM
617	I am offered respite in my house. But the problem is that my autistic son is so clingy and demanding of my attention that unless he is asleep or watching tv, I am unable to do housework and my house is a disaster. Saying someone will watch him so I can leave the house is nice because sometimes I need a few hours away from him. But REALLY I wish I could have an afternoon where I could drop him off somewhere so that I could sweep, organize, etc.	Feb 4, 2011 4:49 PM
618	Families that need assistance to watch over family member so that they can run errands, get some rest or need some time for their own self-care.	Feb 4, 2011 4:53 PM
619	Same as previous section	Feb 4, 2011 4:56 PM
620	N/A	Feb 4, 2011 5:02 PM
621	individuals whose IPP team has identified as having a need for services as decribed in the Lanterman Act	Feb 4, 2011 5:15 PM
622	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 5:21 PM
623	This service is very needed for families of people who are very limited.	Feb 4, 2011 5:42 PM
624	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 5:47 PM
625	People like us who would never get a break from being available 24 hours a day without a chance for a break otherwise.	Feb 4, 2011 5:47 PM
626	ANYONE identified as being at risk and receiving Regional Center services should be allowed respite.	Feb 4, 2011 5:54 PM
627	Any consumer or family that requests and is deemed to need them.	Feb 4, 2011 5:58 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
628	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 6:15 PM
629	Individuals who share a home with one consumer should receive these services.	Feb 4, 2011 6:23 PM
630	Parents of children with special needs who desperately need a break from the tiresome an demanding job of raising a child or children with disabilities.	Feb 4, 2011 6:41 PM
631	Parents or Caretakers of children or adults who are living with them should receive Respite Services. It is very important for a husband/wife as well as other siblings who also need time with their parents. Every caretaker/parent needs to "get away" periodically whether it be a few hours or days for their mental as well as physical well-being.	Feb 4, 2011 6:56 PM
632	Respite should be available for parents with children who are medically fragile and/or require round the clock care.	Feb 4, 2011 7:02 PM
633	Those individual whose Individual Program Plan (IPP) team has identified a need for these services as described in The Lanterman Act section 4646 (a) (d).	Feb 4, 2011 7:13 PM
634	The same as previous #1.	Feb 4, 2011 7:22 PM
635	Whatever method is currently in place	Feb 4, 2011 7:45 PM
636	anyone who needs it	Feb 4, 2011 7:46 PM
637	I don't think this service should be provided for free unless the family meets certain criteria. For example, if a child has a very severe disability that requires round-the-clock care, then respite would be an important service for the parents. However, if the parents have the means to pay for a nurse or have family members that help, then I don't think respite should be provided.	Feb 4, 2011 7:50 PM
638	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 7:56 PM
639	Those on Institutional Deeming (ID) Medi Cal should be waived from the means test - if a means test is instituted. If those on ID Medi Cal with incomes above the 400 % of the Federa Poverty Level (FPL) or about $88,000 must be subjected to the proposed means test at the 400 % level, then regional centers cannot purchase any services. If regional centers cannot purcase the service. then these families will have to come off Med Caid Waiver (MCW), and when they come off MCW, they will lose any Personal Care Services that they might be receiving through In Home Support Services, Regional centers will also lose the federal reimbursement for the POS.	Feb 4, 2011 8:14 PM
640	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 8:16 PM
641	All parents with a child with a disability that lives at home.	Feb 4, 2011 8:25 PM
642	persons with developmental disabilities as in autism, etc.	Feb 4, 2011 8:36 PM
643	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 8:43 PM
644	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 9:00 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
645	I took the above and tweaked them for each section: Provide services if parent of school requests them with back-up documentation -- ie data indicating need for daily living and community/work skill development. Allow anecdotal data and parents' lists of their observations. Do not require lengthy discrete trial or other observation processes. Take individual need into consideration. As one who provides respite for families, I see how more-than-essential this care is, and how families are suffering. When the parents are worn down, unable to work, unable to give appropriate quality care to their kids because of their stress level, everyone loses -- kids, parents, families, the regional center in increased costs for other things.	Feb 4, 2011 9:16 PM
646	Respite to be provided to families after the age 13 when a typically developing child could legally be left unsupervised unless severe medical or behavioral deficits are present. The severity should be defined clearly.	Feb 4, 2011 9:21 PM
647	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 9:22 PM
648	Children with disabilities who are receiving services for these disabilities.	Feb 4, 2011 9:28 PM
649	Randall and [redacted] as parents of [redacted]	Feb 4, 2011 9:39 PM
650	All eligible families	Feb 4, 2011 9:44 PM
651	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services as described in The Lanterman Act section 4646 (a) (d).	Feb 4, 2011 9:56 PM
652	ALL families who have children with developmental disabilities should receive these services. It is vital to their sanity to have help and the state should pay for respite services.	Feb 4, 2011 10:15 PM
653	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 10:15 PM
654	hose individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act.	Feb 4, 2011 10:27 PM
655	1. All families that have children with developmental delays/concerns under 3 should have access to family support and respite services. Respite used to be available for families with Early Start services but has been cut. Respite should be available for families so they can access training and educational programs relevant to their child in their community. Children with developmental disabilities often have challenging behavior which does not allow them to participate in typical community-based daycare or after school programs. This presents a problem for many families when parents are unable to find/afford a specialized program to care for their child while they work to maintain the family's economic stability. Regional Centers should support efforts to increase the availability of daycare/afterschool programs that can accommodate children with developmental disabilities, and should supplement programs for parents that have limited ability to pay for such programs but require them to maintain employment. Regional Centers should provide a variety of parent training opportunities for the parents of consumers on a regular basis, but recognize that some parents/families are unable to attend such trainings for a variety of reasons (eg, employment schedule, lack of child care/respite care, language barriers, distance/transportation, etc) and should provide training in home when needed. Regional Centers should assist/support parents in advocacy efforts for their children concerning school programs, insurance coverage, etc.	Feb 4, 2011 10:37 PM
656	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 10:41 PM
657	According to the Lanteman Act, whomever qualifies for it in their IPP.	Feb 4, 2011 10:43 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
658	ALL who are in need WITHOUT PARTIALITY.	Feb 4, 2011 10:44 PM
659	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 10:49 PM
660	This survey is ridiculous. I am the parent of a boy who has been waiting 6 months for the evaluation for services to be completed, but there are not enough personnel to do the job. My son has been determined to be on the autistic spectrum by his school district, therapists and a privately hired neuropsychologist. He needs services DESPERATELY, but you are going to cut funding by millions of dollars! My son [redacted] and my wife and I need help and relief!!!!!!!!!!!!	Feb 4, 2011 10:59 PM
661	When ever possilbe, provide group training as it is more productive and cost effective. Allow for parent training and edcuation to be provided in an oline format that can be accessed when the parents are available. Develop online parent training modules that can be accessed state-wide. For example, online behavior training, online parent training for early start services, online parent orientation for parents who have a chid who is new to the Regional Center, new client orientation, and/or other topics. Regional Centers would no longer have to spend for this service and could consolidate this resoucre state-wide. Online traning would also remove geographical and transportation barriers. This would also support state-wide servcie standards.	Feb 4, 2011 11:06 PM
662	I think that only children who have been determined to have significant behaviors (these needs to be defined as well) should be eligible for respite. Children who qualify can have parents purchase amounts they need from yearly allocation.	Feb 4, 2011 11:10 PM
663	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 4, 2011 11:20 PM
664	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 4, 2011 11:24 PM
665	The main caregivers of the person with the disability	Feb 4, 2011 11:27 PM
666	This is a small, but wonderful help to many caregivers. I think this should be available to all. These caregivers often provide care at no cost saving county/state many, many dollars. This small respite benefit is financially, ethically and morally warranted	Feb 4, 2011 11:28 PM
667	Anyone who wants it.	Feb 4, 2011 11:44 PM
668	Basic minimal respite should be provided to those parents with a minor child. Additional respite should be provided those parents with an adult child while they consent to have the child live in their home.	Feb 4, 2011 11:48 PM
669	No parent vendored respite. Switch to employer of record or agency respite.	Feb 4, 2011 11:53 PM
670	Any immediate care giver of a consumer.	Feb 5, 2011 12:15 AM
671	All families	Feb 5, 2011 12:28 AM
672	Any family who has a member with a developmental disability who is being primarily cared for by the family.	Feb 5, 2011 12:29 AM
673	The IPP team determines who receives these services. Lanterman Act4646	Feb 5, 2011 12:35 AM
674	Follow the assessment tool, as developed by Redwood Coast RC, when determining service levels. No exceptions!	Feb 5, 2011 12:45 AM
675	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 5, 2011 12:47 AM
676	same as for all the other programs in this survey	Feb 5, 2011 1:33 AM
677	Anyone with a formal diagnosis of a disability.	Feb 5, 2011 1:47 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
678	Respite services should be ONLY provided through agencies. Parents/ families should not be in a position of serving as employers or contractors of respite workers. Reimbursement for respite services should be paid directly to the respite provider through a vendored respite agency.	Feb 5, 2011 2:12 AM
679	[redacted] diagnosed with Autism Spectrum Disorder 5 years old	Feb 5, 2011 3:43 AM
680	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 4:01 AM
681	People who cannot take care of themselves and who's family cannot afford replacement care	Feb 5, 2011 4:10 AM
682	Families with a child with a developmental disability need a break from 24/7 caregiving. Respite services should be dependent upon the severity of the disability.	Feb 5, 2011 4:21 AM
683	Priority is caretakers with no family or extended family assistance or who are not able to financially afford to hire a respite worker.	Feb 5, 2011 4:33 AM
684	All families of special needs children.	Feb 5, 2011 4:58 AM
685	Sure there is always room for improvement, however, I appreciated the regional center's due diligence in seeking quality care fro quality providers. So, I guess the requirements to follow in the POS first check to see how many famiies, who are providing their own through families, and take those checks and apply them to quality POSs or to clients and consumers who really need them. Families should help families for free, not receive a check for doing so. Thats wrong. I am supposing you could save a lot of money when you investigate this issue. I propose that you will find that most of them are receving additional monies such as unemployment, medical, disability for other members, etc.	Feb 5, 2011 5:39 AM
686	Any child with a developmental disability should receive respite care. Children with disabilities require a lot of care and it can be exhausting for the parent. In order to keep one's sanity and be able to care for your child with a disability in the best way possible, a break is necessary.	Feb 5, 2011 5:46 AM
687	This should be based on standardized tools for assessing family and individual parental stress.	Feb 5, 2011 6:01 AM
688	I think we should continue to let the parents be the vendors so they can have the option to choose the providers that meets their child's specific needs. All children are different, especially children with special needs. In my case, I have to interview many candidates before I found the right one for my autistic son. Nobody knows my son better than myself and I will make sure I find the right caretaker who keep my son happy and safe. The respite is so vital to keep me sane and give me the break and the time I need to work on my fragile marriage and relationship with my other child. Thanks for all your help!	Feb 5, 2011 6:01 AM
689	All clients in need of respite, and their families.	Feb 5, 2011 6:56 AM
690	Those persons who qualify for an IPP as described in The Lanterman Act.	Feb 5, 2011 6:57 AM
691	All consumers that need the service.	Feb 5, 2011 8:07 AM
692	People whose IP Team has identified a need for these services. See Lanterman Act.	Feb 5, 2011 2:50 PM
693	All families with developmentally disabled children should receive this service. Every family needs down time so they can give better care for their children.	Feb 5, 2011 3:57 PM
694	Anyone who doesn't have available help or can't afford to pay for someone to care for a disabled person.	Feb 5, 2011 4:12 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
695	If parents have a child who is even just a little bit behind (less than the 33%), they should be offered at least some form of respite. Even if it's as little as 2 hours a week. A child who has ANY type of delay can be challenging to their parents/caregivers. A small form of relief may be of great benefit in helping the parent regroup and come back refreshed. A parent(s) can't properly take care of a child if they are feeling stressed/overwhelmed with their child who is delayed.	Feb 5, 2011 4:24 PM
696	Respite should only be given to parents if their kids are very sick or are violent. Parents can have a place to take their kids for respite, not just to say they are going to pay someone to take a break. Sometimes parents may just need the money. Only adults should get daycare. People are responsible for their kids so they should pay what they would pay a regular babysitter if their kids are too sick or violent for daycare. Parents who have kids at school should not get respite because they are already getting a break when the kids are in school.	Feb 5, 2011 4:41 PM
697	Respite care and child care can be really challenging for parents of special kids to find. The availability of before and after school daycare is impossible to find. Thank God for my mother!!! I don't know how you would go about encouraging day care providers to provide services to our special kids but it would truly be a blessing. Respite care is an area where the Regional Center might be able to cut back a little. They are, in the end, our kiddos and our ultimate responsibility. Having said that, getting out without our kids can be a challenge. But, as a parent, I am more concerned with services for my child than getting myself out!	Feb 5, 2011 5:07 PM
698	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 5:31 PM
699	I think this service is too widely offered and should be based on need. This service should not be provided to anyone just for babysitting services. Anyone who has a child, need to find child care and therefore should be purely based on need. For those families who cant just leave their child with someone - due to severe mental or physical disabilities. I dont think that a childs grandmother should be paid for services that the family would have received for free. This is an abuse of the system. Respite should be provided on a very limited - few and should be medically documented as to the need.	Feb 5, 2011 6:13 PM
700	Those with children of developmental disabilities such as autism.	Feb 5, 2011 6:32 PM
701	same as first set	Feb 5, 2011 6:41 PM
702	The family of SDRC consumers	Feb 5, 2011 8:24 PM
703	I oppose POS standards. Please refer to the Lanterman Act section 4646 (a) - (d).	Feb 5, 2011 9:06 PM
704	Parents who have children with special needs and who have emotional issue such as depression or bipolar due to their special children should have this service.	Feb 5, 2011 10:10 PM
705	Assessment of the disability	Feb 5, 2011 10:20 PM
706	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 5, 2011 10:59 PM
707	Individuals whose IPP Team has identified a need for these services, should receive them, per The Lanterman Act, Section 4646 (a)-(d).	Feb 5, 2011 11:43 PM
708	All that have a severe to moderate disability.	Feb 6, 2011 12:38 AM
709	Who receives these services should be based on the severity of the disability of the consumer, the more amount of care (incontinence, feeding, toileting, dressing, protective supervion) this shoud be THE guideline to how much respite is needed. the second guideline is the availability of others to care for the consumer in the family, if there's only ONE parent or caregiver with the consumer at all times the more deserving is the respite for such cases	Feb 6, 2011 2:42 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
710	People who cannot pay for them themselves-income based I do not think it fair that wealthy families with stay at home parents be provided a supplement when they can pay for this service. Alternatively, a low-income or medi-cal family where both parents are working should receive more respite and more assistance.	Feb 6, 2011 3:04 AM
711	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team, including the above, must retain the ability to determine the services and supports needed by the consumer.	Feb 6, 2011 5:57 AM
712	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 6:07 AM
713	Parents with extended family member support should not be ruled out for respite services. We were discouraged from pursuing respite because I (consumer's mom) was resourceful and we also had family help. However, it was unfair to require our family to always back us up or handle the financial stress if we needed to simply make it out to the grocery store. (We had twin babies and one had a serious medical condition and delays.)	Feb 6, 2011 6:14 AM
714	Any caretaker who is "on call" most of the time to take care of a disabled family member.	Feb 6, 2011 6:46 AM
715	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d). Respite is one of the MOST valuable services our family receives. When we, the parents, are recharged, we are able to help our son the most and our whole family's quality of life is higher.	Feb 6, 2011 4:40 PM
716	All children with disabilities.	Feb 6, 2011 5:14 PM
717	Parents and care giver	Feb 6, 2011 6:01 PM
718	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 6:51 PM
719	any family with a child with low functioning autism. the goal is to keep these families together or the state will have to provide more assistance if you do not give them a break. it's a good investment for the state to save money.	Feb 6, 2011 8:09 PM
720	This is an EXTREMELY valuable services for those who need it. Any cuts in this area would have to be considered to be draconian.	Feb 6, 2011 8:15 PM
721	Any family with a consumer in the home needs respite to stay sane	Feb 6, 2011 9:02 PM
722	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 6, 2011 11:02 PM
723	Families or care providers of regional center clients.	Feb 6, 2011 11:06 PM
724	Parents and caretakers who need it.	Feb 7, 2011 2:19 AM
725	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 5:16 AM
726	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:46 AM
727	?	Feb 7, 2011 6:46 AM
728	should get more hours when 2 family members are clients!!! If parents don't get some decent help all their kids are going to be turned over to the state. that will cost california and regional centers a few bucks. some long term thinking about how all this slashing of services will cause bigger problems in the future would be wise.	Feb 7, 2011 7:27 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
729	the person who is on charge of the client with disabilities. But, sometimes, the person on charge of the client could not have a break because she also has other children and no money to pay for babysitter for them.	Feb 7, 2011 7:38 AM
730	An organization should assess the needs of the family and all families who qualify should get max amount of respite hours.	Feb 7, 2011 8:06 AM
731	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 2:48 PM
732	Should be provided for individuals whose IPP team has identied as needed, per The Lanterman Act.	Feb 7, 2011 3:37 PM
733	No suggestions	Feb 7, 2011 4:32 PM
734	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 7, 2011 5:47 PM
735	Individuals with Individual Program Plans, whose IPP team has identified a need for these services, as described in the Lanterman Act, section 4646 (a) - (d).	Feb 7, 2011 6:23 PM
736	I think respite services are absolutely necessary for anyone in the position of having to "care" for a family member in their home.	Feb 7, 2011 6:23 PM
737	Parents - especially SINGLE parents raising an autistic child need respite in order to remain able to care for the disabled child. The care and daily upkeep of an autistic child is extremely taxing and overwhelming.	Feb 7, 2011 6:26 PM
738	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 7:54 PM
739	Respite has saved our family's sanity. Families with members that have dev. disabilities must have this option. It is critical and all important.	Feb 7, 2011 8:31 PM
740	As mentioned in the first section of questions.	Feb 7, 2011 8:39 PM
741	Maximize the amount of respite and how it is provided. This has been a lifesaver for me and hours in this area SHOULD NOT BE CUT. The 30-hour a month limit is too small, unless other forms of help are available, especially if the parent/caregiver is the sole provider of services to the consumer. Day care is non-existent in most communities, especially if the consumer is over the age of 12. If the parent is able to work, daycare is ESSENTIAL. Having daycare then frees up the parent/caregiver to work, making less of a burden on other funds (SSI, Food Stamps, Cash Aid, etc). Parent training should be REQUIRED of all parents receiving services. The state should not be in complete charge of the care of this inidividual. If monies are spent to care for the consumer, then the parent/caregiver has a responsibilty, too. Regional centers need to place a strong emphasis in advocating in the schools for these consumers in that most of the care, up to age 22, happens in the school room. We need help in holding schools accountable.	Feb 7, 2011 9:29 PM
742	Parents should be given respite in order to get refreshed in order to continue re-energized caring of their special needs children	Feb 7, 2011 9:32 PM
743	anyone who needs it	Feb 7, 2011 10:09 PM
744	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 10:10 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
745	based on need day care should only pay for needs above and beyond the usual and customary rate for the provider such as a consumer who needs one to one to be in a day care center. if the consumer can be in a regular day care, it should be parent responsiblity as in any other child's case. natural resources used first, like grandma, and should NOT become paid supports. Adult day care- should be for consumers who are not able to be trained to be home alone for short periods of time. training in home safety skills should be first option as it is less restrictive. if needed, should be based on parent/care givers actual work schedule. natural support used first and should not become paid support respite-based on need. natural supports should be used first and should NOT become PAID supports.	Feb 7, 2011 10:45 PM
746	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
747	Consumers whose care and supervision EXCEEDS that of same age peers. Respite services should be provided when a family have NO other resources such as IHSS, SSI, or other generic resources available to them.	Feb 7, 2011 10:47 PM
748	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
749	This should be an IPP team decision and determined according to individual need. Any consumer and his/her caregivers should receive appropriate respite services whenever a need has been documented in the IPP as described in the Lanterman Act Section 4646 (a)-(d).	Feb 7, 2011 11:24 PM
750	Greater investment in respite for very young children is needed to reduce multiple family risks	Feb 7, 2011 11:53 PM
751	All regional center consumers should be eligible for some respite care services.	Feb 8, 2011 1:05 AM
752	Any consumer who resides with his/her family in their home and receiving 24hr care from family.	Feb 8, 2011 1:09 AM
753	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 8, 2011 1:14 AM
754	Anyone who is not capable to live independently or who needs help to survive.	Feb 8, 2011 1:31 AM
755	Primarily ONLY low-income single parents or families that can demonstrate they are low income.	Feb 8, 2011 2:00 AM
756	Board members should not receive more respite care than other families!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Feb 8, 2011 2:05 AM
757	All young children and young persons deserve to have the same rights as their peers who are typical in development. This includes services outside of the home and the regular school setting. It will greatly help to start these young ones off with good inter/intra personal skills.	Feb 8, 2011 2:22 AM
758	all individuals caring for a person with a disability should receive these services	Feb 8, 2011 2:23 AM
759	children with behavioral health problems	Feb 8, 2011 2:23 AM
760	In-home services for parents of disabled children.	Feb 8, 2011 3:17 AM
761	ANYONE with a special needs child!!! Respite has been a lifesave for us. Having a special needs child takes its toll, and we only get 33 hours of respite per calendar quarter. That adds up to about 5 hours of personal time every two weeks. An overnight trip would eat up more than half of that time. We are grateful for the respite time we DO get, so please don't take it away!!	Feb 8, 2011 3:48 AM
762	Any parent who has a child who is eligible for services. (parent training)	Feb 8, 2011 3:50 AM
763	Families with special needs members who require contiual care or attention.	Feb 8, 2011 3:57 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
764	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d). Respite care is critical to the functioning of all families with a disabled family member.	Feb 8, 2011 4:19 AM
765	We have been the caregivers of our profoundly handicapped son for almost 24 years. There is no way we could have kept him at home this long without respite care. It is vitally important! We are one of the minority of families with an adult child still at home. We sometimes feel that no one thnks about our needs. We see other parents whose adult children live in supported living or care home arrangements that cost several times more that what we cost. It is sometimes discouraging to constantly have to fight to get what we need even though what we need does not change much from year to year. The rules and restrictions keep changing, even though our child does not.	Feb 8, 2011 4:39 AM
766	All families need respite care.	Feb 8, 2011 4:42 AM
767	Parents, families, and caregivers should definitely receive these services. As a parent of an Autistic child, having access to respite services has helped to maintain a solid marriage. The respite is absolutely needed, and completely appreciated.	Feb 8, 2011 5:23 AM
768	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 8, 2011 5:37 AM
769	Every family with developmentally disabled person.	Feb 8, 2011 5:38 AM
770	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 6:11 AM
771	Everyone who has a need. All families need access to family supports and respite.	Feb 8, 2011 6:17 AM
772	All direct caretakers, whether related or otherwise, need respite, whether voluntarily recognized by the caregiver or not. Years without respite take a toll on familial units.	Feb 8, 2011 6:32 AM
773	All family members who take care of the consumer should have respite services.	Feb 8, 2011 7:10 AM
774	For children that are Lanterman Eligible - Respite shouldn't be provided until a child is at least 5 years old...maybe even 8 years old. In reality, respite is the state paying for babysitting which the parent should be paying for regardless. The exception could be medically fragile children that must have LVN care. If they are medically fragile enough, some insurances may fund respite. Another exception would be documented behavior excesses that require constant supervision. Documentation would be required by school personnel or observation of case manager or behaviorist (not just parent report). Children over the age of 12 years, and adults, should be eligible for respite and daycare services as there are no generic resources for people over the age of 12 yrs for parents to utilize. This is the age the services are needed the most.	Feb 8, 2011 9:02 AM
775	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 3:42 PM
776	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 4:28 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
777	That it VALIDLY shows it is not supplanting the parents/family's responsibility. Many of the services do exactly that with zero parental commitment. 86 plus hours of respite per month for an individual who attends school/day program (which gives the parents a huge 8 hr a day break) AND is receiving 5 hours per week of behavioral services (no parent involvement) AND is receiving 25 hours of daycare per week. When do these parents ever even see their kid aside from when the individual is sleeping? Why do they need such an excessive break? Further, with Family Member Respite the majority of parents never hire someone and just pay themselves and their bills. Many openly admit this. They utilize another son or daughters SSN and just wait for the check.	Feb 8, 2011 4:49 PM
778	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:52 PM
779	any person who can not be left in the care of a untrained person	Feb 8, 2011 5:53 PM
780	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 5:54 PM
781	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 6:05 PM
782	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 8, 2011 7:58 PM
783	Excellent service for all who need it. We should look ahead to make better elderly care available.	Feb 8, 2011 7:59 PM
784	Summer camp should be offered to families raising a child or adult with special needs. Respite should be offered to all families raising a child or adult with special needs.	Feb 8, 2011 8:54 PM
785	About respite service, someone who really Severe multiple disability, like not able to walk nor talk at all, has every day seizures, they should have FIRST priority to get MORE RESPITE service, especially those who's Older than 12 OR 15 years old still not walking not talking and seizures, because taking care of these severe multiple disable person will be extremely hard for physical and mental, also very very stressful, I think Severe Multiple Disable teenage or adult should have FIST PRIORITY AND SHOULD GET MORE RESPITE HOURS TO REALLY HELP THOSE POOR FAMILY. Some Autism person, they are functional very good and act very good compare to severe multiple disablity or severe Autism, they gets a lot of respite hours, that's not fair and non-sense. Some very very severe Autism, like the one always non-stop hitting / hurting herself or someone else, jumping out of window or stair.....they should get more respire hours than the higher function autism person.	Feb 8, 2011 9:01 PM
786	Respite I feel needs to be for all the children that need it.	Feb 8, 2011 9:01 PM
787	Determine client's functionality and ability to integrate with other clients in a facility.	Feb 8, 2011 9:02 PM
788	The person who is developmentally disabled.	Feb 8, 2011 9:12 PM
789	low income like me	Feb 8, 2011 9:30 PM
790	ALL WHO QUALIFY FOR DDD & REGIONAL SERVICES & THEIR FAMILIES	Feb 8, 2011 9:31 PM
791	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d)	Feb 8, 2011 9:39 PM
792	on all thses answers see previous page	Feb 8, 2011 9:44 PM
793	any family member who needs a break from the demanding responsibilities of caring for a disabled family member.	Feb 8, 2011 9:51 PM
794	Families who care for a person with a disability.	Feb 8, 2011 9:53 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
795	Any adult DD who has family caring for them, should have a source of income to provide care. IHSS cuts are really unfair because keeping my brother home is a huge savings for the state. Let's be a little fair!	Feb 8, 2011 9:58 PM
796	All children and families in need of services should receive respite services	Feb 8, 2011 10:10 PM
797	My autistic daughter recieves respite care. It is very helpful.	Feb 8, 2011 10:23 PM
798	Day care services for special needs children or adults who need monitoring are essential because the parents of a special needs child cannot work/have a paycheck if they cannot get childcare. This is one of the hardest things to deal with for a family--to provide for the child, they need to work, but they cannot if there is no one to care for the child. In home is very good because the child is more comfortable in her own home with a care provider there to ensure that she has meals, support, cleaning and bedtimes. Respite care helps the parents take time even when they are not at work to get errands done, go out for a brief time to get away from the care of the child, even go to the doctor.	Feb 8, 2011 10:47 PM
799	Respite: children who have intense needs,	Feb 8, 2011 11:20 PM
800	Do not cut	Feb 8, 2011 11:22 PM
801	Families who have a child with a diagnosis of autism truly need to receive monthly respite hours.	Feb 8, 2011 11:34 PM
802	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 8, 2011 11:57 PM
803	Anyone whose team thinks they need it.	Feb 9, 2011 12:18 AM
804	Being a person with a disabilty I feel that anyone who has a disability (physical or developmental) should always be allowed these services.	Feb 9, 2011 12:27 AM
805	People that needs physical and emotional help to deal with a child that has development delayed.	Feb 9, 2011 12:52 AM
806	During these economic times, I'd rather see respite services cut than EI services which go directly to the child. Families need to develop more community supports than rely on RC respite services.	Feb 9, 2011 12:58 AM
807	Answer: Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 1:29 AM
808	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 1:30 AM
809	All parents or care givers of a disabled child or adult should receive respite. The amount of respite given to care givers is to little and should be increased. Parent training in Applied Behavior should be absolutely mandatory for all parents with children who have a developmental disability.	Feb 9, 2011 1:39 AM
810	same	Feb 9, 2011 2:28 AM
811	All families with chjildren that have developmental delays	Feb 9, 2011 3:26 AM
812	All who bear the burden of handicapped adult children.	Feb 9, 2011 3:45 AM
813	Families who are burdened by raising a person with developmental disabilities are in grave need of respite care. This service being greatly reduced makes for reduced likelihood of home placement and is short sighted and costly.	Feb 9, 2011 4:18 AM
814	People need support. Some situations are that the respite is a source of income for another family member such as a sibling who takes the consumer out to the movies so the parents can go out to dinner. This type of example is difficult to sustain in these times.	Feb 9, 2011 4:34 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
815	Families dealing with caring for a disabled family member. The hardship and stress on these families is life changing and affects the whole family. Having respite services can make the difference of the ability of a family to cope with these overwhelming life changes. Some family members must care for their loved ones 24/7 and have no one to relieve them. They are single moms and parents without extended family to help. These parents/grandparents are exhausted. Respite gives them the opportunity to have a much needed moment alone or the chance to do errands they otherwise could not do. These services allow them to recharge to continue caring for their loved ones. No one can know how hard it is until you've been there. As a parent with a child with disabilities, I can honestly say it is devastating. The services we receive help us to go on and let us know that people care. Society as a whole must take care of it's people.	Feb 9, 2011 5:31 AM
816	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 5:43 AM
817	Clients who are unable to be associated with a group home.	Feb 9, 2011 6:15 AM
818	all families in RC or Soley Low Incidence programs	Feb 9, 2011 6:55 AM
819	Anyone who is caring for a child or adult with a developmental disability.	Feb 9, 2011 7:02 AM
820	When the parents seems VERY OVERWHELMED...(this should Carefully be evaluated by the case worker who is in constant touch with the parents). No age limits should be used, example...under 3 urs. old no Respite. If the parents seems like they look "Stressed-overwhelmed" then it is obvious they need a huge break and may not know the benefits if respite.	Feb 9, 2011 7:22 AM
821	respite restricted to only severe cases of extreme behaviors of minimum of two or more behaviors and should be time limited. Day care should be for families who work and can prove they work and show a schedule or proof.	Feb 9, 2011 8:19 AM
822	Only those w/no family support or medically fragile child that needs nursing respite	Feb 9, 2011 8:55 AM
823	Any regional center consumer.	Feb 9, 2011 4:00 PM
824	Currently my daughter who is medically fragile (acute care) receiving additional respite hours from GGRC in additional to In-Home Operation service. The home care setting is very critical to her as she is recovering from a stroke at the age of 11 months old. She is now 5 and has a very intent therapy schedules. We are in the area where RN/LVN/CNA is hard to find. The current services of GGRC allows family to find skill nurses because they don't have to work for any agencies. I would recommend that GGRC suggest family to be the authorized provider. This way the care provider is motivated to work as their re-imbursement rate is a bit higher than via the care provider agency. I'm happy the way it is setup right now.	Feb 9, 2011 4:03 PM
825	Our Regional Center funds for attorney costs for parents of disabled children who are here illegally. If Regional Center funds are for services for people with disabilities, then money should not be used to get citizenship for family members of disabled people. This is a misuse of the funds.	Feb 9, 2011 4:44 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
826	Individuals should receive services when it would: help alleviate an individual's developmental disability; help the individual achieve or maintain an independent, productive and normal life; help prevent a risk to the individual's health and safety, and prevent institutionalization or receipt of services in a more restrictive setting. Respite is an important service that helps to keep families together and prevent unnecessary and costly institutionalization of individuals with developmental disabilities. There should be no further reductions/limitations to respite and other family support services. The amount and circumstances by which respite services may be purchased for consumers are already subject to a cap as part of the Budget Trailer Bill of 2009. Unless very strict exemptions are met, these reductions already prevent the regional center from purchasing more than 21 days of out-of-home respite services in a fiscal year and more than 90 hours of in-home respite services in a quarter. See W & I Section 4686.5(a).	Feb 9, 2011 5:38 PM
827	This is an area where parents should be held accountable. In what society do we pay for baby sitting services. If parents can't afford a baby sitter then we help, if they can then do it.	Feb 9, 2011 5:51 PM
828	People who are providing primary care for a person with a disability, who's needs are above and beyond a typical person that age should be eligible for respite. A relative of someone in admistration, should not be receiving 40 hours of funding for a client when there is medical documentation that there is no medical reason the client needs this level of service, and administration approved it anyway. This is nepotism, and a misuse of funds. In addition, Kern RC should not be approving the purchase of new vehicles for a family as favors. Also, KRC should not be funding attorney costs for family members of clients who are in the US illegally. Kern RC money is for people with disabilities, not for people who do not have citizenship.	Feb 9, 2011 5:54 PM
829	Individuals under age 18, with family with a documented need.	Feb 9, 2011 6:38 PM
830	parents/family that need relief from 24 care of their disabled child	Feb 9, 2011 7:09 PM
831	Based on talking others different regional centers have different standards regarding who receive respite. Should be a uniform standard.	Feb 9, 2011 7:24 PM
832	Child care should ONLY be for parents working, because the parents are lying and finding ways to enroll in school forever so they can receive these services. Respite is the only thing the familes are able to get from regional center. I feel it is very important that this continues but the daycare is really an issues that families take advantage of, especially because it is parent conversion.	Feb 9, 2011 7:30 PM
833	People who require an unusual need for support according to their age should recieve this service.	Feb 9, 2011 7:44 PM
834	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 7:59 PM
835	Respite is critical for the health of both the family and the child. If parents are stressed, the child will be too. Currently respite does not provide enough hours.	Feb 9, 2011 9:06 PM
836	These service should be provided as determined by the IPP team and as necessary.	Feb 9, 2011 9:18 PM
837	All RC Clients whose family cannot afford to pay for respite and the rest of the services, should be eligible.	Feb 9, 2011 9:35 PM
838	Those individuals whose Individual Program Plan (IPP) team has identified a need for these service, as described by the Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 9:50 PM
839	should be the same for families that eed a break.	Feb 9, 2011 9:56 PM
840	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 9, 2011 10:09 PM
841	families who need extra help	Feb 9, 2011 10:18 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
842	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:44 PM
843	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 10:54 PM
844	The family with a child/adult with disability should be entitled to respite, parent training and advocacy.	Feb 9, 2011 11:21 PM
845	Families who are saving the State of California money by keeping their adult children home with them should surely receive these services.	Feb 9, 2011 11:35 PM
846	Very much needed for families in this situation	Feb 9, 2011 11:40 PM
847	All consumers who are disabled and parents who need out of home respite.	Feb 9, 2011 11:48 PM
848	Anyone with developmental disabilities who has this identified in as a need in their IPP	Feb 10, 2011 12:04 AM
849	Parents or care-givers of individuals with disabilities who do not have family members that can provide respite.	Feb 10, 2011 12:38 AM
850	Hard Working single parents or older age parents that needs a break for the year long care provided to their devolpmentally disabled family member outside their home that is provided by licensed residential care facilities.	Feb 10, 2011 12:53 AM
851	Families where a consumer is living in the household and the family members need a break from care giving.	Feb 10, 2011 1:04 AM
852	Wonders why i was never given out of home Respite. Family is not supportive for inhome respite. IBoth types of Respite need to be provided... Parents need to feel effective if given time to do so,	Feb 10, 2011 3:35 AM
853	goofy question.....who doesnt want respite these surveys are nothing more than making people realize that it takes money to perform all these functions and budget cutting is on the way . people that are cheating the system, abusing it, ,or illegals have to be culloed out, high paying administration jobs need to be cut or replaced with lower salared people and volunteers. if people can afford to help defer costs by co payments wonderful . .	Feb 10, 2011 8:05 PM
854	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 8:10 PM
855	mentor illness, disability people who have difficult to take care of themselves.	Feb 10, 2011 8:42 PM
856	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 9:34 PM
857	Clear service standards.	Feb 10, 2011 9:49 PM
858	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 10, 2011 10:04 PM
859	Children in single parent homes should be given priority.	Feb 10, 2011 10:32 PM
860	All foster children who meet the criteria of special needs or have a developmental disability.	Feb 10, 2011 10:33 PM
861	Any family with a disabled child	Feb 10, 2011 11:36 PM
862	Anyone who needs it....that is developmentally disabled	Feb 10, 2011 11:49 PM
863	Any and all family who supports a person with a disability.	Feb 11, 2011 12:03 AM
864	Parents and caregivers who provide daily 24/7 support and care for their consumer.	Feb 11, 2011 12:18 AM
865	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 12:28 AM
866	Anyone who has to care for an invalid family member with chronic illness.	Feb 11, 2011 12:44 AM
867	family menbers that need help should be able to receive more hours	Feb 11, 2011 1:09 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
868	Parents who make over a certain amount of income (including child support (child support for siblings), stocks, investments, etc.) should not qualify for respite services since parents have the means to pay for a Respite Provider. Parents who's child is on Medicaid Waiver should not qualify for respite if they make over a certain amount of money and/or they should have to pay a co-payment. I know of a family who makes $200,000 a year and since the child is on Medicaid Waiver, they get a free babysitter.	Feb 11, 2011 1:26 AM
869	ANYone who has children with special needs! This is such a crucial service. Raising a child with special needs is a big, tiring, emotional job. To be able to have breaks is a blessing! Some parents even work on top of it all and need extra time.	Feb 11, 2011 1:30 AM
870	these services should have share of cost based on a sliding scale whcih folks must pay monthly proir to accessing the service. Set a rate of payment and do not pay above it. Do not fund daycare for schildren under 6. Do not subsidize more than 40 hours of daycare.	Feb 11, 2011 2:39 AM
871	What is tailored to meet the consumers needs and IPP team determination	Feb 11, 2011 2:48 AM
872	individuals with disability	Feb 11, 2011 3:08 AM
873	Those individuals whose Individual Program Pln team has identified a need for these services as described in the Lanterman Act Section 4646 (a)-(d), therefore, if the IPP had identified these services as one of the services to be given to that particular individal, he or she should get it.	Feb 11, 2011 3:25 AM
874	depends on whether caregiver has to work to support person with disability and there is nobody else to look after the disabled while caregiver is at work	Feb 11, 2011 3:41 AM
875	Any persons that is unable to care for themselves. If the person need to be cared for by others most of the time because they are not cognitive enough or physically capable to take care of themselves.	Feb 11, 2011 3:44 AM
876	These services should be provided when needed. This services should not be automatic or given as "rewards" because the child is seen as having a disability. There should be a standard amount which is the maximum number of hours per month for respite.	Feb 11, 2011 4:51 AM
877	I needed respite care for my daughter when she was living with me. She is now in SLS.	Feb 11, 2011 4:53 AM
878	parents of children with a developmental disability.	Feb 11, 2011 4:58 AM
879	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 5:12 AM
880	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 5:23 AM
881	All children with delay learning. As parents of 2 delayed learning children, we were so exhausted. We were drowning in sorrowness, depression, hopelessness and extreme tireness. We had no time for our selves. We spent money on organic foods, vitamins, diapers, wipes, learning toys...etc. Most of all, we have to hire a nanny. Even with the nanny, we all were exhausted. Even with the nanny, she was an untrained person, therefore everywhere we go, we have to bring everyone with us. we shared watch duties. Basically, my wife and I had no rest at all. We could not visit our own doctor without bring everyone with us for almost 4 years.	Feb 11, 2011 5:32 AM
882	The parents of the costumer should receive them.	Feb 11, 2011 5:44 AM
883	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 5:46 AM
884	Those with dependents who are consumers and require constant care.	Feb 11, 2011 6:14 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
885	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 6:19 AM
886	Single parents who are overwhelmed. Parents who have no other family members to help (either due to living out of state, or deceased). Parents who have no one else to "turn to" for help or a break once in a while. However; I do NOT feel that parents should be paid to "parent".	Feb 11, 2011 6:31 AM
887	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 6:36 AM
888	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 6:48 AM
889	There must be demonstrated usage in order to maintain eligibility for services.	Feb 11, 2011 7:56 AM
890	Families who care for individuals with developmental disabilities	Feb 11, 2011 8:30 AM
891	Any child with special needs that has a lot of appointments or behavior issues or is handicap should qualify for respite.	Feb 11, 2011 1:09 PM
892	All consumers who are living at home should have respite services for family members who take care of them.	Feb 11, 2011 4:26 PM
893	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646	Feb 11, 2011 4:35 PM
894	Parents who take care of a child or adult 24 hours a day with special needs should receive these services.	Feb 11, 2011 5:07 PM
895	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services	Feb 11, 2011 5:59 PM
896	Clients who receive intensive behavior services would probably utilize fewer hours of the expensive behavior services if they were eligible to receive more respite or day care hours. Most of our clients aren't able to go to a regular day care center, and can't afford the specialized day care centers that actually do accept our clients. They need help with the cost of this. I feel it is currently being masked as intensive behavioral services (which are VERY expensive).	Feb 11, 2011 6:00 PM
897	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services	Feb 11, 2011 6:13 PM
898	Respite should be given to the consumers family who really need it. Some of the family say they need respite but they really don't understand what respite is. When you explain the purpose for it they continue not to understand and some just don't care. It should be a better way to evaluate who can or will receive respite.	Feb 11, 2011 6:18 PM
899	Should be open to any RC clienet.	Feb 11, 2011 6:33 PM
900	all consumers	Feb 11, 2011 6:55 PM
901	For individuals found to have need of these services according to the Lanterman Act.	Feb 11, 2011 6:56 PM
902	Any parent, caregiver of a disabled client.	Feb 11, 2011 6:59 PM
903	All who are eligible based on need of clients and families, not based on financial	Feb 11, 2011 7:00 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
904	Completely necessary!!! I don't know what we would do without it. Our daughter has severe autism which includes quite a few behavior problems. My wife and I both work to try to pay all our bills. However, we could have never guessed how many more expenses we would incur by having a child with autism. We estimate that it costs us between $1500 and $2000 a month to provide care, therapies, and pay our many co-pays (and we have insurance). We simply cannot afford the additional expense of paying someone who is trained in the field of autism to come watch our daughter. Go visit families with kids with autism, and you will see that these respite services are in-valuable to the family. We get 30 hours a month, and NEED and use everyone of them. It helps us keep our sanity and our marriage together.	Feb 11, 2011 7:02 PM
905	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 7:05 PM
906	Parent training is a crtitical service as well as advocacy. I dont agree necessarily with day care or adult day care.	Feb 11, 2011 7:34 PM
907	Respite should be able to be utilized by family member's of client's with severe disabilities.	Feb 11, 2011 8:01 PM
908	the ones who reside 5 miles or more away from the program.	Feb 11, 2011 8:05 PM
909	RESPITE IS VERY IMPORTANT AS IT GIVE THE FAMILY TIME TO EDUCATE THEMSELVES AND TAKE A BREAK. AS WELL AS STRENGTH THE FAMILY RELATIONSHIP	Feb 11, 2011 8:08 PM
910	Every parent that has a child with disability that really needs the break away for awhile.	Feb 11, 2011 8:11 PM
911	people with Autism who have behavior or self care issues.	Feb 11, 2011 8:43 PM
912	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
913	Those whose family can not maintain a fairly "regular" schedule due to care on the disabled individual.	Feb 11, 2011 8:58 PM
914	I feel that parent training and advocacy are the most important of these services and will do the most to support the consumer and should be available to all parents and consumers.	Feb 11, 2011 9:30 PM
915	Families who provide care for alzheimer's patients, the mentally ill, offspring with chronic conditions, and others who suffer debilitating lifelong issues.	Feb 11, 2011 9:39 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
916	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 9:48 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
916	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 9:48 PM
917	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 11, 2011 9:49 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
918	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 9:49 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
918	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 9:49 PM
919	1. medically fragile age 0+ 2. extreme behavioral age 0+ 3. extreme cases with domestic concerns, family's on the verge of divorce/separation due to stress of disabled child/consumer	Feb 11, 2011 9:51 PM
920	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 11, 2011 9:54 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
921	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 9:54 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
921	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 9:54 PM
922	Consumers	Feb 11, 2011 9:54 PM
923	Respite is crucial for families who are not wealthy and cannot to pay for qualified help on their own!!!	Feb 11, 2011 9:55 PM
924	consumers and their families	Feb 11, 2011 9:56 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
925	1. Suggested service standards about who should receive these services: Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded	Feb 11, 2011 9:56 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
925	seizures. • When medication adjustment has caused increased seizure activity. b. When written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 9:56 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
926	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 9:58 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
926	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 9:58 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
927	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous 0.hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the	Feb 11, 2011 10:05 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
927	ongoing seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:05 PM
928	We used to be able to send my autistic son to camp in the summer, a camp run by qualified people with training in autistic behaviors. It was the ONLY time he could attend camp. We knew he was SAFE. Your usual camps in the parks or YMCA, etc. are NOT equipped to handle special kids with behavior issues!! Too many kids, not enough counselors, and NO TRAINING in autism. At "special" camp, he learned social skills, had a sensory integration diet, played sports geared to his abilities, etc. That doesn't happen at regular camp!! Also, it was the ONLY TIME my husband and I had a break in 10 years.	Feb 11, 2011 10:09 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
929	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the	Feb 11, 2011 10:15 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
929	increased seizure activity. b. When written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:15 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
930	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 10:19 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
930	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:19 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
931	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 10:21 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
931	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:21 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
932	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 10:23 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
932	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:23 PM
933	Only those clients who have an eligible regional center diagnosis.	Feb 11, 2011 10:27 PM
934	On respite, I would recommend lowering tthe maximum amount of hours in a month to 24. This allows for 6 hours a week for parents or caregivers to "get away" and this is a lot more time than most parents/caregivers of non-disabled children get. Adult day care should not be provided. There are day programs and supported employment programs that are developed to address these needs. If more hours are needed due to work schedules of the family or caregivers, then there should be a component in the day programs to allow for extended hours. Child day care, this is the responsibility of any family for either disabled or non-disabled children. Parent training should be available only through the regional center. Outside conferences should be excluded from funding. Advocacy is something that per Lanterman regional centers are required to provide. Regional Centers should NEVER be required to fund for an outside advocate.	Feb 11, 2011 10:32 PM
935	RC funding for services should only be granted to those clients who have an "eligible" Regional Center diagnosis: Borderline MR, Mild MR, Moderate MR, etc., CP, Epilepsy, and Autism related diagnosis. The service funded for must relate to the "eligible" diagnosis. Even if the vendor is a parent of the particular client. No favoritism! It's not fair to other parents/clients. Its not fair when a vendor (who happens to be a RC parent) get's special treatment because his/her child is a client also.	Feb 11, 2011 10:35 PM
936	1.The consumer’s needs cannot be met by a regular babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. There are no additional generic resources available such as IHSS, EPSDT Shift Nursing Services, etc. • Chronic medical and/or physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others.	Feb 11, 2011 10:37 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
937	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 1. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 2. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 10:39 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
937	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:39 PM
938	RC funding for services should only be granted to those clients who have an "eligible" Regional Center diagnosis: Borderline MR, Mild MR, Moderate MR, etc., CP, Epilepsy, and Autism related diagnosis. The service funded for must relate to the "eligible" diagnosis. Even if the vendor is a parent of the particular client. No favoritism! It's not fair to other parents/clients. Its not fair when a vendor (who happens to be a RC parent) get's special treatment because his/her child is a client; especially when the son/daughter doesn't have an eligible diagnosis for the service that is being paid for. It's the parent's program where her child is being serviced and RC has been paying for that for at least the past two years (The child/client doesn't have an eligible diagnosis for that program - dx: Autism).	Feb 11, 2011 10:42 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
939	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 10:44 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
939	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 10:44 PM
940	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 11, 2011 10:45 PM
941	Families and people with developmental disabilities.	Feb 11, 2011 10:55 PM
942	Respite is necessary for the family.	Feb 11, 2011 10:58 PM
943	as needed but paid for by the parents or the care provider that want to use these respite services.	Feb 11, 2011 11:01 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
944	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 11:01 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
944	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 11:01 PM
945	Peope who financially cannot afford the services if they are to pay on their own. As a full time working mother,it is nerve wracking not to have time for my self. I need to be re charge,re fresh and re energenize so I can be a better parent to my son.I need some time alone to relax and take care of other things. It makes me a better person,a better mother after I get a break from taking care of my son with autism.	Feb 11, 2011 11:11 PM
946	Parents with a developmentally disabled children need respite to be the parent they need to be. Patience is # 1 in working with a child with special needs.	Feb 11, 2011 11:31 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
947	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 11, 2011 11:35 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
947	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 11, 2011 11:35 PM
948	Family's with children (birth through adult) with developmental disabilities who have a financial situation which does not allow for them to hire their own caretakers.	Feb 11, 2011 11:44 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
949	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 12, 2011 12:03 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
949	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 12, 2011 12:03 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
950	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 12, 2011 12:19 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
950	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 12, 2011 12:19 AM
951	The state should not pay for parental respite care.	Feb 12, 2011 12:50 AM
952	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 1:20 AM
953	The disable consumer's family	Feb 12, 2011 1:47 AM
954	Respite prevents family breakdown and the need for more expensive residential placement so the standard should be flexible and based on the needs of the family. Establishing a cap on resoite hours limits the efffectiveness of this service	Feb 12, 2011 2:46 AM
955	Any parent with a disabled child needs this. My daughter has three autistic children and without this she would go crazy. It is just a few hours a month but it has held her marriage together(85% of marriages fail with autistic kids).	Feb 12, 2011 2:50 AM
956	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 3:41 AM
957	Parents of children with severe disabilities who aren't independent and cannot take care of their needs and depent entirely on their parents to meet those needs and also those children who are have very challenging behaviors.	Feb 12, 2011 3:47 AM
958	Any parent or caregiver of a disabled person, who is in need of respite services.	Feb 12, 2011 4:05 AM
959	Any family that is stressed out by the ongoing needs or their disabled child.	Feb 12, 2011 4:14 AM
960	Families with children who are autistic and/or have other developmental disabilities should be eligible for these services.	Feb 12, 2011 4:56 AM
961	Anyone who has been diagnose with a disability that qualifies for service.	Feb 12, 2011 5:08 AM
962	Any person with a developmental disability or family member/care provider should be offered these services.	Feb 12, 2011 5:34 AM
963	autism, mental retardation	Feb 12, 2011 6:00 AM
964	Anyone w/ a disability	Feb 12, 2011 6:22 AM
965	See previous answers.	Feb 12, 2011 6:30 AM
966	Families whose consumers are living at home.	Feb 12, 2011 6:30 AM
967	I belive that the system in place already addresses this. Our family was visited by a Regional Center caseworker and an assessment took place. I don't know that this has to be changed.	Feb 12, 2011 6:50 AM
968	Anyone caring for someone with a developmental disability. This is the single most service that helps prevent abuse of this population specifically.	Feb 12, 2011 6:55 AM
969	The higher the needs are for the disabled person, the more respite is needed especially for those who care for their own family's disabled person.	Feb 12, 2011 8:08 AM
970	my son who has autism	Feb 12, 2011 1:57 PM
971	Parents receving ABA services whether intensive or consultation should first be required to take a competency based training in ABA. Topics could include Positive reinforcement, data collection, data analysis, reactive trategies and emeregency management methods, teaching technologies, ecological strategies, how to teach repalcement behaviors, adaptive skills training methods, etc.	Feb 12, 2011 2:16 PM
972	All individuals with limited or no speech and or no or limited mobility and limited mental capabilities	Feb 12, 2011 3:30 PM
973	Those who constantly need s.o. to prompt or direct what to do in different situations, social or public or private.	Feb 12, 2011 4:07 PM
974	Families with a child or children on the autism spectrum should qualify to receive these services.	Feb 12, 2011 4:28 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
975	These services may reduce the need for and expense of more costly services such as group home living and they are important for a person's sanity and safety.	Feb 12, 2011 4:32 PM
976	Same	Feb 12, 2011 4:36 PM
977	Any time a client lives away from the parents the provider of that client should have at least 2 weeks of respite per year. If they choose to take it all at once or a day or two at a time they should get it as if they were on a regular job. To have respite for the providers is important so they can get away for the stress and take a breath and get refreshed.	Feb 12, 2011 4:44 PM
978	Anyone with a disability as described in DSM IV that is living in the home of a family member, parent(s), grandparents, adoptive parents setc. should be recieving respite care hours.	Feb 12, 2011 4:46 PM
979	Could be given by family members, friends, neighbors or anybody suggested by GGRC social workers to clients.	Feb 12, 2011 4:51 PM
980	families or parents with children with disability	Feb 12, 2011 5:10 PM
981	Any parent of a child that has a disability that ensues extra work emotionally or physically. (Developmentally delayed, autistic, etc.)	Feb 12, 2011 5:13 PM
982	Respite services are imperative to families of disabled people. These families are most often exhausted with no help. There is often huge strains on the families and the parents. They need a break. Again for families affected by Autism it's imperative.	Feb 12, 2011 5:25 PM
983	Those who need services. I am denied services because I am divorced and get a break when my kids go to their father's house. That is well and good, however I have a typical child who needs time and attention too. However she is saddled with her brother always attending whether it is appropriate or not, or in some cases she misses out. My son does receive an aid so he can attend a mainstream daycare since I have to work. For that I am grateful!	Feb 12, 2011 5:38 PM
984	From a family member's perspective, this service is necessary for the mental health and to briefly re-energize the parent/caregiver of a child with special needs. These children are demanding and are 24/7. Often times they do not progress to achieve developmental milestones, exhibit behavioral challenges and the parent/caregiver needs a break. These services are necessary for parents to provide the best possible care to their children.	Feb 12, 2011 5:51 PM
985	Caregivers need help and someone who is able to watch their child. Anyone receiving another type of service (other than those living independently) should qualify for respite.	Feb 12, 2011 5:55 PM
986	families with cieints who are deemed to be difficult to manage	Feb 12, 2011 5:56 PM
987	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 12, 2011 6:13 PM
988	Parent training and advocacy should be available to all parents with children / adults with disabilities. Additional respite support (child / adult day care) should be available with co-payment based upon a sliding scale. The number of hours of respite care should be determined on an individual basis, based upon the IPP goals that are established. A consumer with greater areas of need, may require more intensive support from their parents / guardians. Those parents / guardians may be in greater need of respite hours.	Feb 12, 2011 6:16 PM
989	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 6:25 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
990	Any family that is caring for a disabled person should have some amount of respite provided. A minimum of 24 hours per month should be provided.	Feb 12, 2011 6:30 PM
991	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 7:16 PM
992	All families of RC clients who are determined to need a break.	Feb 12, 2011 7:22 PM
993	Respite services should also be available for parents of adults.	Feb 12, 2011 7:24 PM
994	All families who have a consumer living at home shoud qualify for respite.	Feb 12, 2011 7:26 PM
995	All parents of children, disabled or not, are responsible for their children while they live in their home. Regional Centers can provide training and advocacy at their facilities for parents, not respite.	Feb 12, 2011 7:35 PM
996	The care of the consumer should be taxing enough to necessitate 'time off' for the caregiver to maintain their own physical & mental health.	Feb 12, 2011 7:37 PM
997	I feel they are necessary and helpful. I also feel that they should be included with caretakers.	Feb 12, 2011 8:09 PM
998	As the parent of a child considered to be on the Autism Spectrum, we are unable to receive services through the Inland Regional Center. This needs to be changed! We have no support services.	Feb 12, 2011 8:26 PM
999	Parents and caregivers who cannot leave their child unattended or in a typical daycare setting should receive these services. Special needs children often make everyday chores and jobs impossible for parents and these outings can cause stress on both the parent and child.	Feb 12, 2011 8:29 PM
1000	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 12, 2011 8:32 PM
1001	Families that don't have any extended family support in the area	Feb 12, 2011 8:33 PM
1002	I may be in the wrong topic. My daughter now receives a little help from Golden Gate Regional Center in San Francisco in the form of helping pay my hiring a lady to watch my daughter about 5 hours a week. My daughter is autistic; she's 5; I'm a single parent, and I'm stunned by how completely isolating our situation is. My daughter has no interaction with others (she can't make friends) except at Kindergarten, 2 hours a week at Talkline, and the 5 hours a week when the lady watches her. I suggest a standard that includes help hiring a caregiver for an isolated autistic child. GGRC has also paid for monthly contributions of large diapers for my daughter. These have been very welcome and helpful. I hope new standards can continue these.	Feb 12, 2011 8:35 PM
1003	consumer family members	Feb 12, 2011 9:06 PM
1004	Those families who are caring for disabled individuals. It's a tremendous strain physically, mentally, and emotionally. Often non-disabled family members are neglected. This is a wonderful option for families to get some rest.	Feb 12, 2011 9:30 PM
1005	This is the most important part of Regional Center service for my son. This is the biggest part of my autistic son life, any changes for this service, especially any cut, can be dramatic for him and totaly unacceptable for my family. My the strongest suggestion - not cut, but increase and improve respite service as much as possible.	Feb 12, 2011 10:02 PM
1006	Respite should be provided for families who have little to no outside help from family and are not able to pay for respite.	Feb 12, 2011 10:12 PM
1007	Parents of clients with developmental disability/ies	Feb 12, 2011 10:18 PM
1008	Regional center clients	Feb 12, 2011 10:21 PM
1009	The care takers for any regional center client excluding residential and day care facilities should have access to respite services.	Feb 12, 2011 10:22 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1010	Any family that has a special needs individual needs respite services, even if they don't realize it. Our family only used the respite services sporadically - I tended to "bank" the money so that we could put our son in special summer or recreational programs, but also used for Special Sitters when he was younger. I think it would have been useful to know what types of things you could use the respite dollars for -- I think the ability to "bank" the monies has changed since I was using it, so that may not be relevant. However, if it can be used to send your child to a summer camp for a week, swimming lessons, activities that not only provide respite for the caregiver, but also provide the child with a real good learning experience that other families/kids take for granted, that type of activity is as welcome as being able to pay a babysitter to go out with your husband once a month.	Feb 13, 2011 12:13 AM
1011	families of children with developmental disabilities. severity of the disabitlity and family income may be taken into account.	Feb 13, 2011 12:25 AM
1012	maintain current standards. Families who have a child with intense needs (medical concerns, autism, etc.) should receive some respite monthly	Feb 13, 2011 12:39 AM
1013	this is such a waste of money!	Feb 13, 2011 12:40 AM
1014	Anyone (any family member) dealing with 24 hr care of a disabled individual!	Feb 13, 2011 1:20 AM
1015	Any child diagnosed on the spectrum who is in need of this family support.	Feb 13, 2011 1:51 AM
1016	why are you asking us?!! how dare you!! you know who & who not should!! we are talking about the mentally incompetent, not drug users these questions make me sick with fear for the future, u can bet you're ass, I will be saving this & sending this q & a to a u tube vid exposing how the government is, once again, trying to drop another ball in the "people's" lap Like you even care about us!! Is that why the rumor of cutting out 12 grade for our kids education to help pay back our deficit is actually on the discussion table?!	Feb 13, 2011 2:48 AM
1017	all consumers	Feb 13, 2011 3:39 AM
1018	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 13, 2011 3:48 AM
1019	Respite hours for families with multiple children with disabilities. Looking at the needs of non-disabled children with family support with respite/daycare. Focusing on single parent household with children with disabilities to maintain ability of well balance and meeting the basic needs mentally, socially, phyiscally, shelter and academically within a social support and relief for single parent households.	Feb 13, 2011 4:10 AM
1020	Again, I think these services could fit in under an Individualized Budget that can be determined by the family.	Feb 13, 2011 4:14 AM
1021	Whoever need.	Feb 13, 2011 4:34 AM
1022	Consumers who need this is very important	Feb 13, 2011 5:12 AM
1023	Respite is very important help for family who are in need of help to care for their disabled child. One thing the regional center can do is follow up suggest activity for the disabled child when parents need some respite for their child if we can open some place where this children can go or stay for respite so the regional center can save money and find what cases that this family has.	Feb 13, 2011 5:40 AM
1024	Any one whop needs them	Feb 13, 2011 6:10 AM
1025	What the Regional Center is doing seems to be working fine. Much more control over the money.	Feb 13, 2011 6:54 AM
1026	Parents or gaurdiens of children with special needs.	Feb 13, 2011 7:03 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1027	single parent should receive double of what married couples receive and if that parent is also acting as the job coach, the IHSS provider, the IHO provider, the parent coordinator, the personal assistance provider, then even more hours should be given. the family should use the extended family for free I personally feel that this service should be for single parents and the parents who have no extended family.	Feb 13, 2011 7:54 AM
1028	Parents/caregivers of individuals with disabilities. For young children, the nature of the child's disability requires skilled care or makes it difficult to find regular childcare.	Feb 13, 2011 8:11 AM
1029	Same QR Standards	Feb 13, 2011 8:18 AM
1030	These services should also be based on the need of the client and their family/care takers and listed as such in the IPP. Services are applicable to children and adult clients, living with family members.	Feb 13, 2011 8:27 AM
1031	Anyone who qualifies for other regional center services for their special needs.	Feb 13, 2011 10:36 AM
1032	All families who are providing living situations for clients of any age	Feb 13, 2011 1:53 PM
1033	Regional Center Clients	Feb 13, 2011 3:57 PM
1034	Any family who has a child with a disability that requires extra time, emotional support, meeting attendance, frequent doctor/therapy visits.	Feb 13, 2011 4:07 PM
1035	everyone who qualifies for services	Feb 13, 2011 4:41 PM
1036	Parents and caregivers of anyone with special needs.	Feb 13, 2011 5:19 PM
1037	Any family with a consumer needs someone to provide respite care.	Feb 13, 2011 6:02 PM
1038	Hours provided should depend on the total family income as well as family size, including extended family members who could share responsibility.	Feb 13, 2011 6:32 PM
1039	Home care providers and families.	Feb 13, 2011 6:40 PM
1040	any persons with a disability	Feb 13, 2011 6:42 PM
1041	We have a respite provider who works with our son. We are very pleased at her availability through the regional center - 16 hours per month. For us, that is a perfect amount.	Feb 13, 2011 6:52 PM
1042	kids with disabilities and currently receiving respite services under age 18	Feb 13, 2011 7:15 PM
1043	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 13, 2011 7:18 PM
1044	Anyone taking care of people with disabilities.	Feb 13, 2011 7:46 PM
1045	Parents of children who have severe developmental delays and are dependent on their parents to fufill all of their activities of daily life beyond your typical parenting responsibilities.	Feb 13, 2011 8:11 PM
1046	Without the respite services that we receive from RCOC our family would be to exhausted to function. We have 2 typical children as well as a disabled child. Respite hours give us the chance to spend time with our other children and pretend that we have a normal existence.	Feb 13, 2011 8:21 PM
1047	Any parents who have a severe developmentally delay child needs break.	Feb 13, 2011 8:30 PM
1048	Families with an individual who demonstrates lack of independence and severe behavioral problems.	Feb 13, 2011 8:42 PM
1049	Parents who need a break from the demands of taking care of a child with special needs. Especially those parents who have children with severe medical conditions or severe behavioral needs.	Feb 13, 2011 9:17 PM
1050	Should be families who do not have any other means of support.	Feb 13, 2011 9:19 PM
1051	everyone needs to have an outlet from their day to day routines. it aloows people to be able to relax and rejuvenate which is needed to go back to their daily lives, and that's where respite comes in.	Feb 13, 2011 9:21 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1052	People who have been diagnosed with developmental disabilities, retardation at any level - mild, moderate or severe.	Feb 13, 2011 9:26 PM
1053	You are asking a person who receives respite who should not receive it, and who should. This question is not fair. Because you are asking us who should receive this service. Each of us who receives respite will tell you that they should get it. I think it depends on the case. For an example, I live with my mother. 91 years old. I have an attendant during the week but on the weekend, I need someone to come in and get me up in the mornings, because I have cerebral palsy, and I'm wheelchair bound. 10 years ago my mother used to do all that for me, now her health isn't that good. So, you be the judge.	Feb 13, 2011 9:34 PM
1054	All children who have delays in one or more areas.	Feb 13, 2011 10:13 PM
1055	parents who are at their wits end trying to deal with a disabled child and the behaviors connected	Feb 13, 2011 10:22 PM
1056	This is often a very important service and should be provided, as needed.	Feb 13, 2011 10:28 PM
1057	My daughter has respite services in my home to keep her connected with the family home. This takes place once a month as she lives in a community home. It is a necessity for her sense of belonging.	Feb 13, 2011 10:52 PM
1058	middle and working class families need child care support! cost of living in california is ridiculous, if we want to be effective and productive workers we need to make sure that child care is affordable.	Feb 13, 2011 11:18 PM
1059	Drop them. Drop them. Drop them. This is not a point in history to continue to hand out welfare and have our system survive. DD adults are dependent adults. As a taxpayer, I have no problem with the elderly, disabled, or orphaned, abandoned children. Money to the parents, I have a problem with. The library at our regional center and the internet have enough material to train parents to care and advocate for children-- if they seek information. Child and adult care is not funded for all parents. If not all, then none.	Feb 13, 2011 11:34 PM
1060	Any family member or caregiver responsible for supporting disabled person	Feb 13, 2011 11:55 PM
1061	For anyone who has a disabled person in their care definitely needs respite. I think this is very important to the health of the caretaker or family member.	Feb 14, 2011 12:09 AM
1062	Caretakers/relatives of qualified DD person.	Feb 14, 2011 12:19 AM
1063	Those who are at risk of being ploaced outside of the family home.	Feb 14, 2011 12:21 AM
1064	All parents/families of minor children (or adult children still living at home) with developmental disabilities should be eligible for respite care, child day care, adult day care, and advocacy services.	Feb 14, 2011 1:23 AM
1065	All parents of children with any type of disability will tell you how vital respite is their survival as a family and an individual. When a child is under the age of 5 it is especially hard, but when a child is under the age of 5 and has a disability it can be even more challenging especially if there was a late diagnosis and progress has been slow. More marriages and families could be saved with respite services for these families. Often one parent stays home with the child that has the disbility, leaving that parent 8 - 10 hours a day with no break. Most families can not survive on one income and pay for respite care or nanny care. Taking care of a childe with special needs on a daily basis can lead to divorce, mental and emtional breakdowns, health problems, and even abuse. It is critical that all families have the opportunity for this important service.	Feb 14, 2011 1:58 AM
1066	This is a vital service for any care giver that is the primary for a client of the RCOC.	Feb 14, 2011 1:58 AM
1067	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 2:01 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1068	Essentially the same responses for this topic series of question as previously provided in the last topic.	Feb 14, 2011 2:31 AM
1069	This is an area of luxury in my estimation. As parents of individual with disability we needed and wanted the breaks badly enough we were resourceful enough to get them from the community, family and friends and I do not feel this is encouraged enough. These resources also become the bedrock when you are in an emergency situation and need them.	Feb 14, 2011 2:48 AM
1070	Yes!!!!	Feb 14, 2011 2:51 AM
1071	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 3:28 AM
1072	Those whose IPP has identified a need for these services.	Feb 14, 2011 3:47 AM
1073	I find it hard to believe that in North Orange County there is only one or two vendors that can provide quality respite services. The other problems that we have encountered is that if you do find a vendor they want at least one months notice. Transportation is another issue because they cannot transport.	Feb 14, 2011 4:28 AM
1074	Parents of children with disabilities because they need the break in order to function with less stress.	Feb 14, 2011 4:48 AM
1075	Parents of kids on ASD spectrum.	Feb 14, 2011 5:01 AM
1076	US citizens. Consumers whose care needs signficantly exceed that of their typical peers. Should be available only to those families who lack other forms of support. Consumers who are eligible for IHSS should not receive respite.	Feb 14, 2011 5:10 AM
1077	Regional Center Clients	Feb 14, 2011 5:12 AM
1078	Family members need these services!	Feb 14, 2011 6:16 AM
1079	[redacted]	Feb 14, 2011 9:08 AM
1080	all persons with disability no matter what age	Feb 14, 2011 2:46 PM
1081	Without respite we would have had NO BREAK at all from the 24 hours a day,7 days per week, 365 days out of the year kind of care we have provided for our son for the last 17 years. These services need to remain.	Feb 14, 2011 3:09 PM
1082	?	Feb 14, 2011 3:14 PM
1083	My thoughts on in home services, if a child lives at home with a parent, is that it is the parent's responsibility. Parents of non-disabled children are responsible for their children, as should those of disabled children.	Feb 14, 2011 3:36 PM
1084	All caregivers should be given some level of respite.	Feb 14, 2011 4:14 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1085	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous 0.hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. *The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. --A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. --LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis.	Feb 14, 2011 4:18 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1085	document ongoing seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 4:18 PM
1086	Caregivers of people who are disabled, either physically or mentally; or both.	Feb 14, 2011 4:34 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1087	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for 0.Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous 0.hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the	Feb 14, 2011 4:35 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1087	adjustment has caused increased seizure activity. b.When written reports document ongoing seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 4:35 PM
1088	Parents with children with more severe disabilities.	Feb 14, 2011 4:47 PM
1089	Parents of autistic children	Feb 14, 2011 4:48 PM
1090	Parents and live-in care providers	Feb 14, 2011 5:00 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1091	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 5:09 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1091	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 5:09 PM
1092	Families that don't have any support in the area	Feb 14, 2011 5:24 PM
1093	Keep respite services available for regional center clients. Important aspect for families with special needs children who provide housing for these individuals.	Feb 14, 2011 5:25 PM
1094	Any and all clients, whose need for care impedes the ability of the caregiver to take care of their own daily needs. This can include clients who need support with personal care or behavioral care.	Feb 14, 2011 5:26 PM
1095	I believe all families that have a special needs child benefit from respite care, as well as a person with special needs. The caregivers need a break from the daily activites and the person receiving the respite care get different one-to-one interaction that the other family members don't necessarily provide. It is social interaction that is good for all persons.	Feb 14, 2011 5:36 PM
1096	a family member who has to give a lot of give to a client. If the client is in a day program, come on , at least for 7-8 hrs 5 days per week, the family does not have that person in the home!!	Feb 14, 2011 5:39 PM
1097	In my opinion RC's Policies & Guidelines (at least where I work) are clear and plane. We all (family members, staff & management) should follow them to the letter. My ony suggestion is to create a new criteria for the above 24 hr/ month services or 'exceptions", and have a 24 to 30 hr/ month max. So no more exceptions to the exceptional are made.	Feb 14, 2011 5:54 PM
1098	Absolutely necessary for special needs hildren and adults and their caregivers.	Feb 14, 2011 6:02 PM
1099	Follow IPP to meet the individual needs of consumers	Feb 14, 2011 6:11 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1100	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis.	Feb 14, 2011 6:15 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1100	due to falls associated with seizures. • When medication adjustment has caused increased seizure activity. b. When written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:15 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1101	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 6:16 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1101	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:16 PM
1102	Any parent who has a child with a disability	Feb 14, 2011 6:16 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1103	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 6:21 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1103	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:21 PM
1104	I do work directly in the School Age Unit which heavily uses these specific services, so I deal with this on a regular basis. Prior to the changes made in the legislation, and the statutes defining these services in 2009, as case managers we had I think more input into the need and more lee-way obviously in dealing directly with the families. Now it is much stricter, which in some ways may have been needed but the problem I see now is that as a case manager it can be frustrating as it now is the parents who have the greatest sense of entitlement tend to get what they want in terms of making their cases for extensive respite services. Please understand that for some of them there really is a need and I can support it; for others though, as a case manager I feel that I have lost the ability to put some input in there, and so it is the parent who can make their case and usually win an exemption or other exception, even if I as case manager really question how the need is being addressed. On the other hand other families who seem to have a a much greater need, do not always receive that help as they do not wish to make a huge civil case over their personal issues. It can be frustrating to watch.	Feb 14, 2011 6:25 PM
1105	Singularly the most exploited and abused service within the Regional Center purview. This should be eliminated immediately	Feb 14, 2011 6:30 PM
1106	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 6:31 PM
1107	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 14, 2011 6:32 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1108	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis. a.Uncontrolled seizure disorder, in which	Feb 14, 2011 6:32 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1108	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:32 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1109	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis.	Feb 14, 2011 6:34 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1109	there is a recent history of needing to call paramedics to provide resuscitation because of the seizure activity. • When there is a history of frequent injury (lacerations, bruises) requiring medical care due to falls associated with seizures. • When medication adjustment has caused increased seizure activity. b. When written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:34 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1110	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 6:38 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1110	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 6:38 PM
1111	[redacted]	Feb 14, 2011 6:44 PM
1112	All who provide care should have the option of requesting respite services. The importance of a healthy caregiver is critical to the care being provided in a healthy and nourishing manner .	Feb 14, 2011 6:50 PM
1113	Child day care respite should only be provided for times in which the child is in need of home based services (e.g. early start ABA) and the parents can't be in the home (e.g. they're at work).	Feb 14, 2011 6:58 PM
1114	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for the consumer. A private agency may be funded and/or LVN/RN care may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources.	Feb 14, 2011 6:59 PM
1115	Should be funded only if family or not able to provide the support. Often people have a family member that can babysit for free and they see the opportunity to get paid and they take it. Many parents have requested Parent Vendor Respite so someone in their family can get the money, when they can babysit for free. It should be based on the needs of the consumer and parents not about money.	Feb 14, 2011 6:59 PM
1116	those families that are working and cannot provide appropriate daycare for the child. They are harmful to themselves and to family members.	Feb 14, 2011 7:03 PM
1117	[redacted]	Feb 14, 2011 7:07 PM
1118	only in need due to emergency of health issues.	Feb 14, 2011 7:08 PM
1119	Families who have a child with a disability	Feb 14, 2011 7:10 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1120	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1. The consumer's needs cannot be met by a babysitter. 2. The consumer requires care and supervision due to documented challenging behaviors. 3. The consumer requires special care and supervision due to recently documented medical problems. 4. The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5. The consumer is at risk of being abused. 6. Parents are also consumers of Regional Center services. 7. Care is required due to a temporary family crisis. 8. Care is required due to family stress, e.g., family is participating in counseling. 9. The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10. IHSS hours received and used by the consumer and family should be reviewed. 11. Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12. Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13. To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8. A private agency may be funded in the following situations: a. There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b. The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c. The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9. LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 7:11 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1120	written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 7:11 PM
1121	Those individuals whose IPP team has identified a need for these services as described in the Lanterman Act. The families and the person who has a developmental disability need to be supported and not told that they don't qualify for respite. Having an adult child who has total care needs and lives at home does qualify.	Feb 14, 2011 7:29 PM
1122	Respite should be availible to all families with children that have a developmental disability.	Feb 14, 2011 7:30 PM
1123	Those individuals whose IPP team has identified a need for these services as described in the Lanterman Act 4646a-d	Feb 14, 2011 7:32 PM
1124	Anyone who takes care of an adult or child with a disability	Feb 14, 2011 7:33 PM
1125	Those individuals whose IPP team has identified has a need for these services	Feb 14, 2011 7:37 PM
1126	should completely cut the respite to save money for other service.	Feb 14, 2011 7:47 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1127	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 7:51 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1127	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 7:51 PM
1128	with many critical services being cut, respite should be eliminated	Feb 14, 2011 7:53 PM
1129	Autistics	Feb 14, 2011 7:56 PM
1130	ALL WORKING MOTHERS AND THEIR FAMILIES. WITH CHILDREN WITH ALL TYPES OF DISABILITIES.	Feb 14, 2011 8:10 PM
1131	This is the service to cut out all together to save the most money right away. All the other programs are more critical to the health and development of DD population. Although respite is beneficial and appreciated by many families a good majority of Parent Vendored Respite is fraudulent and the money is used to supplement the families income rather than provide "respite" from caring for the child. This money would be better spent to develop and fund child care for DD children over 12 years old. Most parents work full time and there are NO child care centers licensed to care for children over 12. DD children cannot be left alone, they need supervision way beyond what would be expected of a typical 12 year old.	Feb 14, 2011 8:17 PM
1132	PARENTS THAT NEED IT. ESPECIAL ONES THAT HAVE BEHAVIOR/ ADDED MEDICAL CHILDREN/ADULTS	Feb 14, 2011 8:26 PM
1133	Client/family who are truly in need.	Feb 14, 2011 8:35 PM
1134	MY ANSWERS TO BEHAVOR DOES APPLY TO THIS SECTION AS WELL	Feb 14, 2011 9:00 PM
1135	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 14, 2011 9:03 PM
1136	All parents or primary care relatives that have consumers living with them.	Feb 14, 2011 9:05 PM
1137	It should be base on the need.	Feb 14, 2011 9:13 PM
1138	PARENT TRAINING - any parent who is willing to attend training to better understand, and learn how to help & deal with their childs issue. Since it is their child and they are raising the child. They have the most time with the child.	Feb 14, 2011 9:13 PM
1139	All caregivers of individuals with special needs.	Feb 14, 2011 9:33 PM
1140	All Regional Center consumers.	Feb 14, 2011 9:36 PM
1141	Parents children with development disabilities.	Feb 14, 2011 9:38 PM
1142	Single parent families where the parent also works full time; two parent families where both parents work	Feb 14, 2011 9:42 PM
1143	An individual who may need these type of services.	Feb 14, 2011 9:48 PM
1144	prioritize based on need, especially financial need. I have known many families with MORE than adequate income levels who, albeit, have an especially challenging child, however these same families appear to have the highest level of service, both respite, as well as in-home therapies.	Feb 14, 2011 9:58 PM
1145	Anyone as suggested by IPP team	Feb 14, 2011 10:02 PM
1146	All whom receive one or more therapeutic services through Regional Center and/or the public school system under Title 17 should be eligible for respite care services.	Feb 14, 2011 10:05 PM
1147	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1148	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 14, 2011 10:25 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1148	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 10:25 PM
1149	All families who need a break from the constant care and supervision of a person with a developmental disability.	Feb 14, 2011 10:31 PM
1150	If this service is cut, you WILL see tragic results. Families need a break and need help. Don't cut this.	Feb 14, 2011 10:51 PM
1151	parents and caregivers of a person with disability	Feb 14, 2011 10:55 PM
1152	family of disabled child who with qualified degree of disabilities	Feb 14, 2011 11:03 PM
1153	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 14, 2011 11:12 PM
1154	1. Every family should be allowed 2 (2 week) respites a year. This will reduce anger, frustration and abuse.	Feb 14, 2011 11:38 PM
1155	I	Feb 14, 2011 11:38 PM
1156	Any developmentally disabled child or adult who is dependent on a care giver. Respite should be given as time off, as well as care during care giver work hours.	Feb 14, 2011 11:51 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1157	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous 0.hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the	Feb 14, 2011 11:56 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1157	ongoing seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 14, 2011 11:56 PM
1158	Families who have special needs. More for single parent homes too	Feb 15, 2011 12:04 AM
1159	Parents should be given respite in order to get refreshed in order to continue re-energized caring of their special needs children	Feb 15, 2011 12:04 AM
1160	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 12:21 AM
1161	Respite is a luxury...child care for a working parent and adult day care for a sever adult is necessary.	Feb 15, 2011 12:47 AM
1162	Only individuals whose care needs exceed those of a simlar aged person without a disability.	Feb 15, 2011 1:07 AM
1163	[redacted]	Feb 15, 2011 1:07 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1164	1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis. a.Uncontrolled seizure disorder, in which Seizures result in respiratory compromise requiring oxygen or suctioning. Seizures of long duration (greater than ten minutes and occurring frequently). When there is a recent history of needing to call paramedics to provide resuscitation because of the seizure activity. When there is a history of frequent injury (lacerations, bruises) requiring medical care due to falls associated with seizures. When medication adjustment has caused increased seizure activity	Feb 15, 2011 1:16 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1165	same as now	Feb 15, 2011 1:16 AM
1166	This is a critical service. Its spared my sanity. Try living with a special needs kids. Try keeping a marriage together and keeping the siblings from acting out. Our home was going 'nuts'. Then we started getting services, and doing numerous medical/holistic interventions as well, for our son. We are a miracle family now. Our marriage is still intact, sibling is doing well. Respite is a huge part of the help that is critical for our family.	Feb 15, 2011 1:18 AM
1167	The Lanterman Act provides for respite care because such care is the essence of insuring a quality life for parents and families. Families have to work to provide for the costs of having a child or adult disabled member and without respet care, they must give up work thus taking livelihoods and adding to the stress of daily life.	Feb 15, 2011 1:22 AM
1168	All Regional Center clients and those diagnosed with a developmental disability.	Feb 15, 2011 1:41 AM
1169	Those individuals whose IPP team has identified a need for these services, as described in The Lanterman Act Section 4646 (a)- (d).	Feb 15, 2011 1:43 AM
1170	[redacted]	Feb 15, 2011 1:43 AM
1171	Respite should continue to be provided according to the current standards (AB9). Day care should only be provided for minor under the age of 18. Parent training and advocacy is something that should be available to all consumers--typically very cost effective.	Feb 15, 2011 1:45 AM
1172	The services should be when the needs of the family (for respite) are directly related to the disability of the consumer. Any parent of teen agers needs a break. But a parent of a teen ager who requires total assistance with ADL's probably needs more of a break, due to the increased intensity of the needs of their child - which are related to the child's eligible condition.	Feb 15, 2011 1:47 AM
1173	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 1:49 AM
1174	Autistic	Feb 15, 2011 1:56 AM
1175	All indiv. qualified as currently by reg. center	Feb 15, 2011 1:57 AM
1176	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 1:57 AM
1177	Parents with Autistic and Aspergher children.	Feb 15, 2011 1:59 AM
1178	Caregivers of any client	Feb 15, 2011 1:59 AM
1179	Anyone in need.	Feb 15, 2011 2:06 AM
1180	All children with disabilities	Feb 15, 2011 2:06 AM
1181	All parents need this. The burden of a disabled child far greater than a typically developing child. I would be out of my mind without these services.	Feb 15, 2011 2:08 AM
1182	parents of consumers/caregivers	Feb 15, 2011 2:08 AM
1183	Do not cut respite services. They are vital for families of children with disabilities.	Feb 15, 2011 2:28 AM
1184	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d). each client is unique. There is a wide range disabilities and abilities within the disabled community. I do not see how anyone could create a matrix for services that would determine quantitatively how many hours of service a client would get based on a number of criteria. My first question is, how can anyone ever claim to have covered all of the contingencies? if these rigorous standards are adopted across the state, I will bet that from Day 1, there will be clients who cannot be pigeon holed, where the IPP team will have to 'adjust' the figures and the assessments in order to make the client fit. I speak from experience - applying state wide rigorous standards to such a diverse community is not possible.	Feb 15, 2011 2:39 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1185	Everyone who takes care of a child with developmental disability.	Feb 15, 2011 2:45 AM
1186	All parents who have special needs children should receive respite services. As a parent of a special needs child, we really need that break that respite gives us to be better parents.	Feb 15, 2011 2:47 AM
1187	Those who cannot be left alone.	Feb 15, 2011 2:49 AM
1188	Any caregiver of a family member with developmental disabilities	Feb 15, 2011 2:53 AM
1189	FAMILY CARETAKERS	Feb 15, 2011 2:55 AM
1190	The Service Coordinators should only allow this service for people who are home in bed or are in a wheelchair and need help with their activities of daily living. It should not be for people who can take care of themselves independently. This is supposed to be for relieving parents!!! This service has been extremely abused.	Feb 15, 2011 2:57 AM
1191	DDS needs to develop an consistent assessment tools for all regional centers to determine respite needs in different areas: behaviors, family situation, parents' health, medical needs, other family member needs, parents' emotional, emergency needs, IHSS service status, daily schedule require.	Feb 15, 2011 3:13 AM
1192	All those who are determined through an Interdisciplinary Team (IT) decision may benefit from such service(s). Particular attention to the ABSOLUTE necessity of these services is crucial to minimize misuse of service.	Feb 15, 2011 3:15 AM
1193	all families who have consumers in their home.	Feb 15, 2011 3:17 AM
1194	people whose individual planning team has identified a need fo rthese services. see lanterman act	Feb 15, 2011 3:21 AM
1195	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 3:23 AM
1196	People who need it	Feb 15, 2011 3:32 AM
1197	based on medical necessity and parity diagnosis	Feb 15, 2011 3:33 AM
1198	yes	Feb 15, 2011 4:04 AM
1199	any child with a behavior disorder and any child under 36 months old without a diagnosis for their disorder.	Feb 15, 2011 4:06 AM
1200	Children who require extra care on an ongoing basis.	Feb 15, 2011 4:09 AM
1201	See the Lanterman Act!!	Feb 15, 2011 4:10 AM
1202	Parents of disabled children	Feb 15, 2011 4:10 AM
1203	Services should be provided to those that have been determined to have a need by a qualified and state certified expert in this field.	Feb 15, 2011 4:18 AM
1204	Anyone who needs it, but especially those with limited family supports and those on a limited income who cannot afford sitters.	Feb 15, 2011 4:26 AM
1205	i think it shouldbe based upon individual circumstances,..not just a black and white basis..I am a single mother of 2 yr old twins..I work as much as possible to afford the basics for my children and could have really used respite care, but didn't qualify..very disappointing.	Feb 15, 2011 4:34 AM
1206	Parents or caregivers of children with a disability that includes mental and or physical.	Feb 15, 2011 4:39 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1207	These services should be for any individual who suffers from physical, mental or developmental disabilities. Most of these individuals need assistance around the clock - either from the parents, daily programs or respite workers. Our son is 38 years old and is autistic. He has no awareness of danger from people or physical surroundings. He is not able to call on the phone for help, answer or take phone messages. If lost, he is not able to seek help or recognize a dangerous person. He cannot take any form of public transportation without a companion. He must have constant supervision. We are happy and willing to provide as much support as is possible, but at ages 71 and 68, we need help and respite to continue to be healthy and supportive for our son who lives with us.	Feb 15, 2011 4:40 AM
1208	Cut out respite completely. Child day care needs to be justified.	Feb 15, 2011 4:40 AM
1209	Respite services are invaluable to caregivers of children and adults with debilitating disabilities. Providing these services help keep these disabled persons out of costly public institutions.	Feb 15, 2011 4:42 AM
1210	IHSS is absolutely necessary for many families. As is the case with us, our son needs 24 hour supervision and help with most daily living tasks. He cannot talk and has no way to express to us if he is being taken care of, abused, etc. when in the care of another. As a result, I have to be his full-time caregiver. Even so, according to our caseworker, we do not qualify for protective service hours. It really doesn't make any sense to us why he doesn't. I cannot afford to pay for quality care so I can work and my son can never be left alone. It is frustrating.	Feb 15, 2011 4:48 AM
1211	Every child (and family member) in need.	Feb 15, 2011 5:07 AM
1212	All parents who have a disabled child.	Feb 15, 2011 5:14 AM
1213	ALL THE PARENTS OF THE REGIONAL CENTER CLIENTS SHOULD BE OFFERED THESE SERVICES. DAYCARE SHOULD BE OFFERED TO CLIENTS UNDER THE AGE OF 18; DURING THE SUMMER BREAKS.	Feb 15, 2011 5:17 AM
1214	any qualified individual, necessary for other family members	Feb 15, 2011 5:26 AM
1215	Children with physical disabilities or severe delays.	Feb 15, 2011 5:32 AM
1216	Parents with difficulty handling their child's behavior or those consumers needing 24-hour care. Parents who have to work need day care. Parent training is important.	Feb 15, 2011 5:39 AM
1217	It is in the state's interest that affected consumers be able to stay in their homes with their families as long as possible. Allowing caregivers respite opportunities supports this goal. Therefore, all consumers and their families should have a respite service in place.	Feb 15, 2011 5:41 AM
1218	see comments on Behavior services	Feb 15, 2011 5:42 AM
1219	Families in which both parents have full time jobs. Single parents who are the primary household earner.	Feb 15, 2011 6:01 AM
1220	People with children under 3 should be high priority. Right now, those parents of special needs children are not getting help and they really need it! (It's not like people are begging to watch their children.)	Feb 15, 2011 6:02 AM
1221	Caregivers should be offered respite in order to lower child abuse, or abuse in general. Parent training is crucial, but must be offered in all residential areas. Caregivers can't travel an hour to get to a training, stay for the training and spend another hour to get back, when finding a substitute caregiver is so difficult to begin with.	Feb 15, 2011 6:05 AM
1222	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 6:10 AM
1223	Respite is an important way for families to get the breaks they need in order to maintain their child or young adult in their home. I believe that any family who can not rely on traditional babysitting deserves respite.	Feb 15, 2011 6:35 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1224	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 6:35 AM
1225	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:41 AM
1226	parent training and advocacy is definately needed. And for cases where there is severe disabilities, then yes I think this may be necessary to help keep some sane. My daughter with down syndrome is fully able to function and be part of the family. She takes up more time to teach and help, but she doesn't require individual attention every second. I don't know that this absolutely necessary for everyone, it really needs to be taken on a case by case basis.	Feb 15, 2011 6:58 AM
1227	Every family that has a a member who has a developmental disability needs this services!	Feb 15, 2011 7:29 AM
1228	every family whould be offered this, it's cheaper than a burned out family placing the consumer in a group home. If there is more than one consumer in the household they should each have their own respite hours, not combined.	Feb 15, 2011 7:32 AM
1229	It is cheeper for our kids to remain in the home....but we are providing services that would take a team. Medical coordination, school coordination, therapy coordination etc. ALL FAMILIES SHOULD HAVE RESPITE! Without, more divorces. Without, more sibs with significant hatred and resentment.	Feb 15, 2011 7:36 AM
1230	all those in need. parenting special need is very stressful.	Feb 15, 2011 8:25 AM
1231	this service should not be offered or provided at all. Atypical families have various stressors (loss of a job, foreclosure, care for an elderly parent, etc..) as wel,l and continue to persevere. Respite is a luxury for regiona center consumers, it should be aligned with the current times and correlated with the typical community. Natural supports shoudl be heavily emphasized. In the typical community when they need to take a break of caring for their child they ask a relative a neighbor or a friend for help. Regional Center families should access and tap into natural supports. i can't imagine parents obatining the out of home respite so that family can go on vacation with out their child "consumer" what is the point of inclusion?	Feb 15, 2011 8:50 AM
1232	Families with "behaviorial" children need far more than they currently receive. Again...I am talking about moderate to severe autism.	Feb 15, 2011 9:04 AM
1233	People whose Individual Planning Team has identified as needing these services. See Lanterman Act.	Feb 15, 2011 10:37 AM
1234	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
1235	Those whose behavior/medical status is clearly defined as being outside of normal behavioral or medical boundaries typically associated with traditional family life. By definition, those requiring care above and beyond the typical caretaking required for typical infants, children, and adolescents due to their diagnosis and presentation of symptoms, and who function or behavior presents in such a way that the family might not be able to provide care for that individual without respite services, thereby requiring the family to seek publicly funded or state-funded long-term care situations.	Feb 15, 2011 12:49 PM
1236	all families with priority given to those with 2 or more children	Feb 15, 2011 1:53 PM
1237	Children and teenagers with Autism take up all your time, where it's hard to go out into the community and do day to day things like grocery shopping, doctors appointments for your self taking a child on vacation ect..10\\	Feb 15, 2011 2:44 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1238	Familys with children and adults with,disabilities need a break from 24 hr care if you have someone that depends on you for there every need it becomes completly overwhelming	Feb 15, 2011 3:18 PM
1239	Family members who have clients with either severe behaviors or medical needs; not just parents who want a break and do not realize they have a responsibility to fund babysitting for their children as any other parent would.	Feb 15, 2011 4:07 PM
1240	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 4:09 PM
1241	Any parent of a child with a learning disability.	Feb 15, 2011 4:20 PM
1242	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 4:28 PM
1243	families of people with disabilities	Feb 15, 2011 4:59 PM
1244	Every parent with a child that has a developmental disability.	Feb 15, 2011 5:13 PM
1245	These services should be received by consumer's parents that requests them and meet a criteria. Need for such services (work schedule of parents, lack of transportations means by parents, inability of parents due to legal status to assist on consumers daily requirements). After consumers' home visit Case Manager finds the need to provide consumer's parents with Respite services (Parents' inability to deal with consumer's 24 hrs a day, parents' stress or mental status due to consumer's condition), Also should be consider the consumer's physical and mental status.	Feb 15, 2011 5:34 PM
1246	any consumer over age of 3 should be eligible as these children have severe needs.	Feb 15, 2011 5:37 PM
1247	Disability specific training is a must. Example; Someone who is not trained in ways to deal with a person with seizures should not be able to care for a consumer. Same goes with autism, respite personnel should have training in ABA. You put our families at risk when you have untrained personnel taking care of our children or adults.	Feb 15, 2011 6:01 PM
1248	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 6:07 PM
1249	Clients that live at home and have limited special needs.	Feb 15, 2011 6:18 PM
1250	Consumer & parents	Feb 15, 2011 6:31 PM
1251	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) – (d).	Feb 15, 2011 6:32 PM
1252	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 6:40 PM
1253	ALLOW EARLY START "STATUS 1" KIDS TO GET RESPITE AGAIN! especially if the RC believes they are going to be status 2 (i.e. have a diagnosis of Down Syndrome, age 2 Diagnosis of Autism, etc...)	Feb 15, 2011 6:44 PM
1254	Any family that really needs help. My family does and I couldn't be as active if it weren't for respite. It gives me and my son a break. We work really hard as a family and respite is a great service that benefits us all.	Feb 15, 2011 7:01 PM
1255	This is the only service we our getting from Regional Center, and we really need it. It has been drastically reduced over the years and it is a hardship for us. Our son has autism but healthy and he does have behavioral outbursts but not enough " points" to give us enough respite hours. We enjoy having our son at home, but we enjoy having the few hours of respite. It's what we look forward to and so does our son. RESTRUCTURE THE POINTS.....AUTISTIC PEOPLE ARE VERY TRYING	Feb 15, 2011 7:01 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1256	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 15, 2011 7:01 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1256	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 15, 2011 7:01 PM
1257	DDS needs to develop an consistent form to evaluate respite needs in different area, e.g. behaviors, family situation (single family, having other children, parents' health needs and medical condition, other family members needs, emotional emergency needs.) to determine how many hours needed.	Feb 15, 2011 7:02 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1258	Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for a family member with a developmental disability. One or more of the following should be considered when authorizing respite care to ensure that the consumer and family need rises above the typical level of support needed for children without developmental disabilities. Criteria to be considered are as follows: 1.The consumer's needs cannot be met by a babysitter. 2.The consumer requires care and supervision due to documented challenging behaviors. 3.The consumer requires special care and supervision due to recently documented medical problems. 4.The consumer requires care and assistance due to significant self-care deficits for his/her age, e.g., not toilet trained, inability to self-feed. 5.The consumer is at risk of being abused. 6.Parents are also consumers of Regional Center services. 7.Care is required due to a temporary family crisis. 8.Care is required due to family stress, e.g., family is participating in counseling. 9.The consumer or family is not eligible for, or does not have other generic, family or private resources, and/or their insurance does not cover the service. Early Start Regulations are to be followed when considering the use of family resources for children under the age of three. Verification of denials has been submitted. 10.IHSS hours received and used by the consumer and family should be reviewed. 11.Respite hours may be used as day care; however, the number of hours authorized would not exceed those authorized for regular respite. 12.Respite hours may be used to attend conferences, seminars, or support groups specific to the consumer's developmental disability. If additional hours are being requested for which the family would not normally qualify, each request shall be reviewed on a case-by-case basis and taken into consideration, the topic of the support group/conference, the number of hours being requested, and any previous hours authorized for attendance at a support group session or conference. Normally, 3 hours would be authorized per group session or 8 hours for an all day conference, plus travel time. 13.To allow families greater flexibility in determining who will provide respite services and when the service will be provided, it is expected that families will utilize the parent voucher system. In some circumstances, due to the medical needs, challenging behaviors of a consumer, and/or lack of availability of voucher service providers, other resources may be needed. The following additional criteria shall be considered to ascertain whether another type of service is warranted or should be recommended; exceptions may be made on a case-by-case basis. 8.A private agency may be funded in the following situations: a.There is written documentation in the chart that the family has been unable to utilize the parent voucher system due to the unavailability of extended family, neighbors or others who can provide the respite care. b.The consumer has some behaviors, which require the services of a person who has experience working with persons with developmental disabilities. c.The consumer is non-ambulatory and has extensive personal care needs (total care) and there is no one available to provide respite care through the parent voucher program. 9.LVN/RN care for respite may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources. Whether an LVN or RN is funded depends on state licensing regulations. A licensed nurse may be provided in the following situations; exceptions may be made on a case-by-case basis	Feb 15, 2011 7:03 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1258	seizures/medication problems during the respite periods. c.A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists.	Feb 15, 2011 7:03 PM
1259	Families living with extremely debilatating disorders such as Autism.	Feb 15, 2011 7:04 PM
1260	regional centers should lead the way in developing out-of-home respite. Respite should be limited to those people whose developmental diablities make it impossible for people providing respite to typically developing children to care for them.	Feb 15, 2011 7:20 PM
1261	Any parent with a child with special needs. More often than not, the majority of our parenting time is focused on ensuring the highest quality of life for our children (and rightfully so), but being able to step away and enjoy personal time is essential for our sanity as well as for us to refocus ourselves to be able to focus on our kids' needs. Respite care is essential for this, as it helps fund and make it possible.	Feb 15, 2011 7:24 PM
1262	RC consumers should be eligible and possibly those with servere beahvior problems if have diagnosis of develp delay but not eligible for RCOC services.	Feb 15, 2011 7:32 PM
1263	EVERYDAY IS A CHALLENGE IN ITSELF, DEALING WITH A CHILD/ADULT WITH A DISABILITY IS HARD WORK, DEDICATION AND PATIENCE. AGAIN, IT DEPENDS ON THE INDIVIDUAL NEEDS OR DISABILITIES..	Feb 15, 2011 7:34 PM
1264	Families dealing with severe disabilities or additional stressors.	Feb 15, 2011 7:35 PM
1265	Parents who have a child with a disability should receive these services, because they need time away from the hustle and bustle that comes along with taking care of a child with a disability. They need to be able to know that their child is safe with someone they trust and can pay for their services thru the regional center.	Feb 15, 2011 7:38 PM
1266	Single parents and parents with qualifying income should receive respite. I am a newlywed (2008) and our marriage was on the brink before having respite. Between marriage therapy and respite, we learned to manage the stress of having a child with special needs by utilizing those breaks and working on our relationship. Respite provides me the help I need when the behaviors and exhaustion push me to the edge. Respite is just that, RESPITE.	Feb 15, 2011 7:40 PM
1267	Families really do need the respite from the intense pressure of raising children with developmental delays.	Feb 15, 2011 7:56 PM
1268	All clients of the Regional Center who are unable to be left alone should qualify for respite services. It meanrs otherwise that someone is always there with them and if it is a single mom she can't leave to do shopping or errands or maybe she can't even work.	Feb 15, 2011 8:20 PM
1269	Parents or care-givers of disabled consumers are to receive respite hours.	Feb 15, 2011 8:22 PM
1270	Allow additional respite for families who face hardships and cannot participate fully in behavioral services.	Feb 15, 2011 8:36 PM
1271	Persons whose family or caregivers need a break from the demands presented by caring for the person with the disability	Feb 15, 2011 8:43 PM
1272	Every parents or caregiver of children with disabilities	Feb 15, 2011 8:46 PM
1273	The integrity of the Lanterman Act must be upheld- support, including respite, is provided to families and care givers to support and keep individuals with DD in the community. Lack of support in the community will result in more individuals with DD living in institutions (at much greater expense) or worse, on the street.	Feb 15, 2011 8:49 PM
1274	This should be offered to all families who have a disabled family member who is a consumer of regional center services.	Feb 15, 2011 8:53 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1275	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act	Feb 15, 2011 9:01 PM
1276	Anyone interested.	Feb 15, 2011 9:11 PM
1277	who needs them	Feb 15, 2011 9:15 PM
1278	Care should be provided by staff who have the knowledge and ability to deal with the child/persons disability. Respite care can make or break the primary caretaker. Most often the mother, and in many cases the sole provider and caretaker of the home. Without these breaks, serious situations can occur within the home. Abuse, breakdowns and no longer able to care for the person in need.	Feb 15, 2011 9:15 PM
1279	Parents/caregivers of children/adults	Feb 15, 2011 9:15 PM
1280	Please consider respite services 2x/month for 120 minutes each for families who have children with special needs who are receiving services.	Feb 15, 2011 9:20 PM
1281	As needed on an individual basis...	Feb 15, 2011 9:29 PM
1282	Every family that has a need should have access to respite care. Individuals who cannot acess leisure time or other programs without assistance should receive respite. Caregivers should receive respite once a year from the 24/7 care of an autistic individual	Feb 15, 2011 9:30 PM
1283	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 9:40 PM
1284	FAMILIES AND CARETAKERS OF ADULTS AND CHILDREN WITH DISABILTIES	Feb 15, 2011 9:41 PM
1285	All families of children with developmental disabilities require respite. Caring for individuals with developmental disabilities is stressful and time consuming, and allowing caregivers to get a break is crucial for their own mental health.	Feb 15, 2011 9:41 PM
1286	All consumers and family members in need of these services.	Feb 15, 2011 9:46 PM
1287	I oppose the issuance of service standards, because categorical limits without regard to the needs of the individual consumer violate the entitlement to services, and the consumer rights and consumer choice provisions of the Lanterman Act.	Feb 15, 2011 9:49 PM
1288	This depends upon the afflicted individual.	Feb 15, 2011 9:51 PM
1289	Any single parent with a disabled child living at home.	Feb 15, 2011 10:17 PM
1290	This is not user friendly!	Feb 15, 2011 10:18 PM
1291	People whose Individual Planning (IP) Team has identified a need for these services. See Lanterman Act.	Feb 15, 2011 10:33 PM
1292	Family members of the disabled persons.	Feb 15, 2011 10:35 PM
1293	All consumers that need this service.	Feb 15, 2011 10:40 PM
1294	Respite should be available to families with consumers over the age of 5 years old.	Feb 15, 2011 10:59 PM
1295	families both parents are working	Feb 15, 2011 11:02 PM
1296	Whoever meets the criteria set forth in the 2011 Lanterman Act. However, I would decrease the age to 4 years of age for eligibility for respite. Many young consumers with Autism or with moderate-severe behavioral needs need to be supported by respite at an earlier age than 5.	Feb 15, 2011 11:03 PM
1297	a parent or conservator of a developmentally disabled adult. developmentally disabled adults are more active, demanding and generally need more care. this is a tireing demanding responsibility. respite should not be taken away from the parent/conservator	Feb 15, 2011 11:04 PM
1298	Any family who needs this service	Feb 15, 2011 11:09 PM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1299	Families of consumers with behavioral, functional, social, or communication needs that require more than an hour a day of family support.	Feb 15, 2011 11:14 PM
1300	refer to the existing IPP process	Feb 15, 2011 11:26 PM
1301	Regional centers should only fund respite that is "specialized"... we should not fund what is, essentially babysitting unless the consumer has needs beyond those of a typically developing child of the same age. This should be clearly stated in the law! Regional Centers should not fund day care for any child under the age of 12... typical children usually require day care up to age 12.	Feb 15, 2011 11:27 PM
1302	The diagnosed children/adults and their immediate family member.	Feb 15, 2011 11:28 PM
1303	Sometimes a responsible adult who is familiar with the family and the client can provide adequate short term respite (like an evening out with a relative who can stay with the client). This type of respite coverage has worked well in our case.	Feb 15, 2011 11:36 PM
1304	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 15, 2011 11:37 PM
1305	I think people that receive respite are the providers.	Feb 15, 2011 11:38 PM
1306	Respite needs to be for those whom really need a break from care, not for those whom it is a convenience or becomes babysitting	Feb 15, 2011 11:40 PM
1307	See Lanterman Act. IP Team should determine the need for respite services.	Feb 15, 2011 11:42 PM
1308	eligible consumers who are still living at home, after age 12	Feb 15, 2011 11:53 PM
1309	families that meet the regioinal center requiremnets for the respite should be able to continue in the programs	Feb 15, 2011 11:54 PM
1310	Those diagnosed with a disability.	Feb 15, 2011 11:54 PM
1311	Many families are challenged every minute they care for their family member with a developmental disability. Respite makes it possible for many families to have the much needed time to tend to their other family members, personal obligations, rest, get perspective, attend church, sleep, or just get a break. Families caring for their developmentally disabled loved ones should be able to apply for respite services.	Feb 15, 2011 11:58 PM
1312	I believe everyone who cares for someone with a disability should receive this service. It helps them relax and take care of themselves so that they can concentrate on their own needs for a while.	Feb 16, 2011 12:05 AM
1313	Disabled children and family	Feb 16, 2011 12:10 AM
1314	Families of children with Autism should be given Respite services.	Feb 16, 2011 12:15 AM
1315	Any person who takes care of a disabled person 24/7 should be able to have some time off for themselves away from the person.	Feb 16, 2011 12:19 AM
1316	Children with a diagnostic disability, disorder, etc., that as a result of their disability attending typical childcare/afterschool care is unrealistic	Feb 16, 2011 12:30 AM
1317	The service standards should be maintained by the standards already in place by Title 17.	Feb 16, 2011 12:32 AM
1318	Should be offered to every client based on the severity of his/her diagnosis.	Feb 16, 2011 12:40 AM
1319	I support quality of life for all persons with Autism Spectrum Disorders through supports and services that are determined by the individual as most effective for the individual.	Feb 16, 2011 12:41 AM
1320	All clients of regional centers should be eligible for respite.	Feb 16, 2011 1:06 AM
1321	same as previous	Feb 16, 2011 1:15 AM
1322	Every family should receive help with respite.	Feb 16, 2011 1:21 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1323	Parent (or other appropriate family member who could also qualitiy as Conservator) should receive as much training and advocacy resource as possible whether client is adult or child.	Feb 16, 2011 1:22 AM
1324	Everyone who has a need for these services as identified through the IPP process per the Lanterman Act	Feb 16, 2011 1:26 AM
1325	Let assessments by experts trained in the field participate with families to determine needs and outcomes.	Feb 16, 2011 1:41 AM
1326	Parents and caregivers need this, without it you will feel trapped in your own home.	Feb 16, 2011 1:41 AM
1327	A specific time, such as 15 hours a month is a good place to start for each family if the RC feels it is needed, but if a consumer or their family needs more, it should still be based on that individual's needs, and a request for an increase should be considered.	Feb 16, 2011 1:53 AM
1328	This service should start with the case worker and the family and consumer. It has to be on a case-by-case basis. Anyone who has a consumer that is served by a Regional Center needs Respite Care whether it is in the home or out of the home. Having a special needs child/adult puts a strain on a family.	Feb 16, 2011 1:54 AM
1329	see Lanterman Act	Feb 16, 2011 2:21 AM
1330	ALL IN NEED	Feb 16, 2011 2:21 AM
1331	Anyone receiving services from ALTA, with a child who has a developmental delay (diagnosis or not), and also those taking care of elderly/disabled adults.	Feb 16, 2011 2:27 AM
1332	The recent cuts to respite in the last 3 yrs have hurt our family greatly. It should go back to being based on individual family need, not some ambiguous state limit. A single mom like me should get MORE respite, not less. MORE access to TRAINED child care providers, not less. As it stands right now, I can only work part time because I can't find anyone to watch my 15 yo after school. Forget who's going to pay for it, there aren't any providers. That means I have to apply for food stamps and cash aid when I'd rather be independent and take care of my own. And this other hair splitting bull about what I can use it for? When I tried to go back to school to finish my BA so I wouldn't have to work p/t minimum wage anymore, I got "caught" using my respite hours for someone to watch my son to take night classes. So I got cut off from all respite for 6 months. Thanks, Alta, I really appreciated your support.	Feb 16, 2011 2:28 AM
1333	A parent who has a child with an Autism Spectrum Disorder.	Feb 16, 2011 2:31 AM
1334	Bunk mine allows me as a single parent to make a living and not much more and they do nothing but threaten to cut the hours. That is why I am hiring an attorney. I don't feel comfortable using the time for recreation even though I am at a real risk for burn out. I try to balance but not squander the hours I am given if you know what I mean. I buy groceries and try to keep my job that is about it. Quit telling me that childcare and evening care or 1:1 is respite because it has almost always needed both adults at the same time to make progress. If I didn't care about improvement then maybe then I would just go out. I am using respite hours right now that I wish I wasn' to fill this out. I cannot finish or give it my full attention because there just is not enough time. Oh and don't forget all those sleepless nights before that daycare starts either.	Feb 16, 2011 2:37 AM
1335	Any child who has a disability that would not allow them to be alone or an extended period. In addition, respite care would also provide a rest for parents who are the sole care giver of a disabled child or adult. Adult consumers who are of a danger to themselves and others or due to health concerns would also received respite care. Out of home respite should be approved when care giver needs time off for an extended period. Other family supports should be determined by caseworker and consumer if necessary for the client's continued improvement and quality of life.	Feb 16, 2011 2:52 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1336	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 3:06 AM
1337	Families who have a child with special needs.	Feb 16, 2011 3:09 AM
1338	*Respite and Other Family Supports should be CLEARLY distinguished from Behavioral Services. Behavioral Services/Skill Acquisition Services should NOT be provided by respite agencies, as respite agencies are not qualified to provide such services. This should be mandated across ALL Regional Centers.	Feb 16, 2011 3:24 AM
1339	Any family who has a family member living with them who has a developmental disability.	Feb 16, 2011 3:29 AM
1340	Autism, MR, Cerebral Palsy	Feb 16, 2011 4:00 AM
1341	The family of Client who need support with self care.	Feb 16, 2011 4:01 AM
1342	Anyone who's child is developmentally or physically disabled.	Feb 16, 2011 4:06 AM
1343	families with children and adult children in the home.	Feb 16, 2011 4:06 AM
1344	Parents of persons qualified for regional center services.	Feb 16, 2011 4:11 AM
1345	There should be varied levels of respite available depending on the individual needs of the family and the client. Access to these type of services can be the lifeline that a family or client needs to handle the day to day challenges they face.	Feb 16, 2011 4:14 AM
1346	All families	Feb 16, 2011 4:39 AM
1347	This is a difficult system to navigate, families need support. Raising a child with a disability, especially when you first find out abou it is overwhelming. But families need a break (respite) as well as childcare when they work. All these services are provided at a pretty low level now, cutting them may make it more difficult to keep children in their homes. Advocacy and parent support also help parents access other systems (like the school, IHHS etc) that help support their children.	Feb 16, 2011 4:42 AM
1348	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in the Lanterman Act Section 4646 (a) – (d).	Feb 16, 2011 4:48 AM
1349	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 5:07 AM
1350	any consumer who lives with someone would need a break	Feb 16, 2011 5:22 AM
1351	Families of individuals with ASD and/or other debilitating conditions	Feb 16, 2011 5:32 AM
1352	Those individuals whose IPP team has identified a need for these services as described in the Lanterman Act	Feb 16, 2011 5:35 AM
1353	People providing support for severely disabled individuals that require constant care.	Feb 16, 2011 5:48 AM
1354	Those individuals whose Individual Program Plan (IPP) team has identiied a need for these services, as described in The Lanterman Act Section 4646 (a) -(d).	Feb 16, 2011 5:53 AM
1355	Yes I need respite support definitely.	Feb 16, 2011 6:05 AM
1356	Respite services should be provided to families with children who have significant medical needs or very challenging behaviors. Careful screening is needed to determine if a family would qualify for this intervention. before regional center provides funding for respite, other potential resources (e.g., IHSS) must be explored. I strongly encourage parent education in the form of workshops and written materials. At our regional center parents are required to attend a behavior workshop prior to receiving any in-home behavioral services. We also provide several parent trainings throughout the year, including training for families who have a child with Autism and who are new to regional center. Parent education on advocacy during IEPs is also helpful.	Feb 16, 2011 6:15 AM

Respite and Other Family Supports

1. Suggested service standards about who should receive these services:

	Response Text	
1357	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 16, 2011 6:18 AM
1358	All families who have children with developmental delays should receive some respite hours in order to handle the tasks that arise from their child's disability.	Feb 16, 2011 7:06 AM
1359	families in need/children and adults with high need for support	Feb 16, 2011 7:20 AM
1360	Any primary caregiver to a person with a developmental disability.	Feb 16, 2011 7:31 AM
1361	families with members with a disability that causes that person to challenge harmonious living - up to a developmental age of 17	Feb 16, 2011 7:48 AM
1362	Every DD consumer's family should have access to respite should they feel they need it. Having a DD family member in the home is very stressful and overwhelming. If families do not receive breaks, they will break up. The DD person will not be able to remain in the home, therefore being forced into group homes or institutions, which we all know are not of the same quality as being with a loved one.	Feb 16, 2011 7:55 AM
1363	only those with severly impaired children	Feb 16, 2011 7:59 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1	This should occur at least 3 times per week for at least 4-5 hours a session. If the client is severely disabled, the families should receive this service about 4-5 times per week at 4-5 hours a session. This is in addition to IHSS.	Jan 28, 2011 12:50 AM
2	should be flexible and able to 'roll over' if not used in a month	Jan 28, 2011 12:58 AM
3	Regional center or Social services	Jan 28, 2011 12:59 AM
4	In home respite should be limited to in the home of the consumer only, and not be provided at a community center, or behavior program that is also acting as a vendor of respite. Children are continuing to attend after school social recreation programs, but the provider is now vendored as "respite" and RC is funding as in home respite.	Jan 28, 2011 1:04 AM
5	40 hours a month.	Jan 28, 2011 1:14 AM
6	No more then 16hrs a month for all people regardless of age. Parenst can continue to do quarterly repsite of available. Many respite agencies do not have the staff to do more then the 16 hrs due t the high turn over rate of their staff.	Jan 28, 2011 1:20 AM
7	based on need, not arbitrary one-size fits all standard, look at the individual family and what is going on	Jan 28, 2011 1:21 AM
8	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:34 AM
9	Respite and Day Care should be funded under a self-directed plan. Camp should be funded as part of an annual respite purchase.	Jan 28, 2011 1:39 AM
10	All families need this service. I haven't met one that doesn't.	Jan 28, 2011 1:44 AM
11	ICB	Jan 28, 2011 2:05 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
12	in any way the family can receive them. we wanted to be able to have a variety of people (not employed by anyone except us) to watch our son. we have gone years without using our respite we so desparately need because he could not find anyone willing to commit to multiple dates. we do not trust agencies, as we have heard horror stories of abuse and theft. also, our child is nonverbal and we would not trust anyone who we did not know personally to actually care for him.	Jan 28, 2011 2:18 AM
13	respite needs to be respite not addtional help for families.	Jan 28, 2011 2:20 AM
14	as often as possible	Jan 28, 2011 2:32 AM
15	A minimum of two times per week.	Jan 28, 2011 2:33 AM
16	cancel all services	Jan 28, 2011 2:38 AM
17	It appears as if the 90 hour per month cap is working, and I assume based upon the utilization of hours since the cap has been put in place has met or exceeded the financial budget cuts the Budget Advisory Group agreed to. I also believe that the exception procedure should be kept as an option for those consumers who feel they need more than 90 hours per quarter. I believe that the Department should make a distinction to those consumers who are using true respite care, and those consumers who are using "home care" under the respite benefit. These consumers should be identified and put in the appropriate funding bucket.	Jan 28, 2011 2:43 AM
18	Parents of people with autism really need this kind of break. It can be exhausting 24/7 job.	Jan 28, 2011 2:50 AM
19	A minimum of 24 hours of respite services.	Jan 28, 2011 3:15 AM
20	Several hours a week, with a MINIUM Of 6 hours provided. One can not be an effective or safe care giver if they do not receive respite from doing so.	Jan 28, 2011 3:20 AM
21	As determined by the team, parents, and consumer.	Jan 28, 2011 3:22 AM
22	as often as deemed necessary by a professional	Jan 28, 2011 3:22 AM
23	As long as needed	Jan 28, 2011 3:37 AM
24	Weekly at minimum, or as determined by the family.	Jan 28, 2011 3:37 AM
25	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM
26	In whatever frequency and duration necessary.	Jan 28, 2011 4:04 AM
27	RCs should first tell people when they qualify for these services. They told me they didn't offer it when they really did. Then they should provide hours based on need.	Jan 28, 2011 4:14 AM
28	quite variable, really. Overall I think it should be based on the severity of the child's disability and also the mother's mental state. Some parents are just too overwhelmed and it should be on a case-by-case basis.	Jan 28, 2011 4:18 AM
29	Day care should be provided on a daily basis so that the parents can work, produce and spend quality time with the.child after work.	Jan 28, 2011 4:18 AM
30	1-2 times per week.	Jan 28, 2011 4:24 AM
31	There should be an accumulative minimum of hours/days per month.	Jan 28, 2011 4:41 AM
32	the current regional center standards for respite are adequate	Jan 28, 2011 4:43 AM
33	Up to 8 hours a day or greater if medically necessary	Jan 28, 2011 4:57 AM
34	NTE 20 hours per month	Jan 28, 2011 4:58 AM
35	This should be determined based on the IPP	Jan 28, 2011 5:04 AM
36	Minimum for respite - 4 times per year, but exception language needs to be included to allow for flexibility.	Jan 28, 2011 5:37 AM
37	As needed, depending upon the individual situation.	Jan 28, 2011 5:59 AM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
38	See above.	Jan 28, 2011 6:23 AM
39	Cost-neutral conversions of out of home respite to in-home repite or camping services should be allowed on a dollar for dollar basis.	Jan 28, 2011 6:26 AM
40	As required to keep a family together.	Jan 28, 2011 6:27 AM
41	The same as today.	Jan 28, 2011 6:38 AM
42	3 PLUS TIMES PER YEAR	Jan 28, 2011 6:55 AM
43	At least once a week for a couple hours, more if the child requires extensive care.	Jan 28, 2011 7:02 AM
44	It needs to be a meaningful amount of hours in order to serve as a safety valve, such as 8 hours per week.	Jan 28, 2011 7:23 AM
45	Perhaps having a standard of 24 hours per month for these cases and extreme cases may qualify for exrtra repsite with Exception.	Jan 28, 2011 7:27 AM
46	Local, State and Federal Monies HAVE to be used to help out People in Need!	Jan 28, 2011 7:31 AM
47	For children or adults with severe disabilities living in the home respite may need to be given as much as once a week; in less severe cases once a month.	Jan 28, 2011 8:25 AM
48	Each client must be addressed in their specific need.	Jan 28, 2011 1:56 PM
49	Parent vendor day care is out of control. I have parents who make over $100,000 each and receive over 100 hours per month of supplmental day care for their "nanny". This is a joke. Many families use this as supplemental income.	Jan 28, 2011 3:07 PM
50	as often as once a month	Jan 28, 2011 3:48 PM
51	as needed determined on each individual care need.	Jan 28, 2011 5:06 PM
52	Service should be determined on the dynamic of the family and services should be provided accordingly. If there is a single parent trying to do this alone, more service should be provided. If there is a family with other family members that can help, maybe reduce the service, Maybe?	Jan 28, 2011 5:08 PM
53	It should be given out depending on how severe a child is. A child with mild autism should not have the same amount of respite as someone who has a child that is completely wheelchair bound w/ Gtube, seizures, etc.	Jan 28, 2011 5:10 PM
54	All families need this service. I haven't met one that doesn't.	Jan 28, 2011 5:10 PM
55	Actually look at how much time a parent is actually spending with the client (take into account time at school or day program, time others are providing care for the client such as IHSS hours and child daycare while parent is at work.	Jan 28, 2011 5:13 PM
56	A formula should be devised based on the severity of an individual's disability.	Jan 28, 2011 5:16 PM
57	As per the IPP. The existing caps are arbitrary and have nothing to do with actual need.	Jan 28, 2011 5:31 PM
58	At least 12 hrs per month. (3 hrs per week).	Jan 28, 2011 5:31 PM
59	Depending on need.	Jan 28, 2011 5:52 PM
60	There needs to be a hard cap on hours. As long as adminstrative judges can radomly overturn decisons in the appeals process they will do so. We have people being funded for 24 hours a day or very close to that amount due to IHSS, day program and respite.	Jan 28, 2011 5:57 PM
61	*based upon what a typical child or adult would receive. I usually got a sitter for my typical kids one evening a week for date night and one evening a week for business type stuff. Should be the same for my child with special needs	Jan 28, 2011 6:01 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
62	Respite: Up to 8 hours/month for children, 16 hours/month for teens, and 24 hours/month for adults. Day Care: No more than parent work schedule incurs the obligation and/or child's schedule requires the specialized care (i.e. no subsidy for sleep time if child does not have waking/elopement or other care needs).	Jan 28, 2011 6:09 PM
63	If the respite standard is 30 hours a month then anything above that number should be assess at a higher family co pay. The families should present a calender of the schedule of the disabled member and their schedules with proof of employment of schooling.	Jan 28, 2011 6:16 PM
64	Based uopn the significant needs of the child or adult living int he home	Jan 28, 2011 6:18 PM
65	A minimum of 12 hours per month, per consumer is needed to allow family members to take care of busines/items as needed in conjunction with caring for a disabled dependent.	Jan 28, 2011 6:18 PM
66	The amounts should increase and the rates should too.	Jan 28, 2011 6:26 PM
67	I think current standards are good. Anything less would not be beneficial.	Jan 28, 2011 6:36 PM
68	Should be based on need of the family.	Jan 28, 2011 6:40 PM
69	Respite should be provided by a formula that takes into consideration age, out of home experiences already in place, disability, behaviors, family make up, etc. This should include an option for out of home respite that could be as camp experience.	Jan 28, 2011 6:46 PM
70	again, it is a duplicated service (somewhat) since parents/family could be provided with respite relief time during hte hours that the consumer is participating in independent living services.	Jan 28, 2011 6:48 PM
71	Depends on the circumstances of the family, if the care provider has another job during the day or at night, if the family member needs to have some personal time it should be limited to a certain amount per month.	Jan 28, 2011 6:52 PM
72	once a month	Jan 28, 2011 6:52 PM
73	Set number of hours per month to be determined with community input and final decision by DDS	Jan 28, 2011 6:54 PM
74	as often as possible!	Jan 28, 2011 6:54 PM
75	HOURS PER MONTH	Jan 28, 2011 6:58 PM
76	PRN	Jan 28, 2011 6:58 PM
77	As needed per client IPP but no less than 16 hours per month	Jan 28, 2011 7:04 PM
78	rcrc surveys	Jan 28, 2011 7:06 PM
79	As often as needed for those that really need it.	Jan 28, 2011 7:12 PM
80	What is suggested in their IPP	Jan 28, 2011 7:13 PM
81	Clear cut evaluation tool that is used consistently throughout the state for determining how many hours (if any) should be provided. Respite hours should not be provided by a person who should be a natural support (parent, grandparent, sibling, or other family member)	Jan 28, 2011 7:17 PM
82	As needed within reason.	Jan 28, 2011 7:26 PM
83	As needed.	Jan 28, 2011 7:31 PM
84	Current SARC methods are sufficient. Services should not be reduced.	Jan 28, 2011 7:33 PM
85	Form for families to fill out with all their appointments, chores, needs	Jan 28, 2011 7:33 PM
86	as needed , evaluated by the RC staff	Jan 28, 2011 7:48 PM
87	As often as necessary as determined by the IPP team.	Jan 28, 2011 7:51 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
88	Some regional centers are still utilizing service code 420 which allows parents to be "employers of record" for their service providers. This system can't even be called broken because it was never working in the first place. Either the RC's or a third party agency needs to come in and manage these cases so that proper taxes are withdrawn and proper insurance is in place. All RC's should be required to transfer all consumers out of service code 420 unless the parents can successfully pass an audit.	Jan 28, 2011 7:59 PM
89	Should be prescriptive, time-limited, and intermittent. Often used as daycare over age 22. SSI is not usually tapped to cover this need for over-22 y.o. consumers.	Jan 28, 2011 8:01 PM
90	Minimum 12 hours/mo - maximum 40 hours/mo unless health/safety/behaviors qualify the family for more respite hours by exception. ALSO, I have two friends who have multiple children with autism and they should qualify for double the respite hours that I get, but it was nearly impossible for her to convince her Service Coordinator (who doesn't have any children of her own) to understand why she needed more support - this ongoing fight is unnecessary and not person-centered! Lastly, until the new standards (trailer bill language) came about, our regional center (TCRC) allowed us to use our respite hours throughout the fiscal year as flexibly as we wanted but not to exceed the annual authorized amount (eg. we got 24 hours/mo for 288 hours/fiscal year and we could use 100 hours in July if we needed, and then only have 144 hours to use for the rest of the FY). Now, we can't use more than 90 hours/quarter - this is NOT WORKING FOR OUR FAMILY! And it is only causing more work and stress for our Service Coordinators who have high caseloads. **PLEASE allow families to use their respite hours more flexibly throughout the fiscal year and do away with the 90 hours/max quarter as long as we don't exceed the total hours authorized for the Fiscal Year.	Jan 28, 2011 8:01 PM
91	2 to 4 days a week.	Jan 28, 2011 8:02 PM
92	Based on the level of care required by the consumer. This should be based on several factors and not a cookie cutter form the RC mandates (as North Bay Regional Center does). These factors include, parental interview or statement, observation of consumer in home/community, information from behavioral agency working with consumer and parental and family dynamics and need.	Jan 28, 2011 8:08 PM
93	It dependends on the child's need and parents help. A parent can not be home for rest of her life to make sure the Respite, ABA is doing their jobs. Parents should have a choice to whom they select and give them the respite money to hire their own.	Jan 28, 2011 8:16 PM
94	no more than 4 hours per week. no hours to be allowed to be saved up for use for vacations.	Jan 28, 2011 8:17 PM
95	Therefore, I suggest that in all cases of the death of a primary caregiver for a consumer, there should be a fund available to help with respite care that is easily applied for and granted.	Jan 28, 2011 8:41 PM
96	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
97	0 hours	Jan 28, 2011 8:52 PM
98	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
99	To be determined by the health care professional/provider outside of regional center employees.	Jan 28, 2011 9:04 PM
100	As per the IPP	Jan 28, 2011 9:04 PM
101	We used this service a lot more when my child was younger. It has been harder to find someone to watch our 15 year old son with autism. We have never used Out of Home Respite Services. It is hard to trust someone that you don't know especially when your child can't tell you how things went.	Jan 28, 2011 9:05 PM
102	should be based on a scale of how challenging the client is - if they have extreme medical and/or behavioral needs, then the parents should get more respite. Should NOT be based on the parents situation. There should be a maximum amount of respite allowed	Jan 28, 2011 9:11 PM
103	All families need this service. I haven't met one that doesn't.	Jan 28, 2011 9:15 PM
104	When needed. Could be more.	Jan 28, 2011 9:27 PM
105	limit of 24 hrs per month; not subject to appeal; no exceptions possible.	Jan 28, 2011 9:39 PM
106	Number of respite hours should be calculated for each individual case, using a formula that best depicts that actual amount of time Consumer is under the direct supervision of the caregiver. Factors such as hours attended in school and day program must be factored in to determine the most appropriate amount of hours allotted for respite. Natural resources like family members, church, neighbors, etc must also be considered first before respite hours are considerered. Day care should be funded by parents until the child reached the age when day care would normally not be needed for a typically developing individual of the same age.	Jan 28, 2011 9:41 PM
107	Individualized	Jan 28, 2011 9:41 PM
108	Should not always be the standard 16 to 20 hours a month. Should be based on the severity of the diagnosis of the client and how it effects the immediate family, including the siblings who because of less attention be paid to them will cause other stressors placed upon the parents. If more then one child is affected that must be taken into consideration. Single parents will need more automatically, to help avoid the possibility of domestic violence. This also applys to 2 parent homes.	Jan 28, 2011 9:41 PM
109	Weekly or bi-weekly at the least...	Jan 28, 2011 9:41 PM
110	That depends on what the need is, however, there should be a cap on how long the service should be provided, especially when a client has plateau and no longer seems to benefit from the service. Providers need to follow regional center guidelines also and provide services that we agreed on rather than ignoring regional centers and going on what parents are asking. Assessments by regional centers should be sufficient to determine what the need is. Independent assessments provided by parents can be considered but parents need to understand that eligibility and determination of needs should solely be determined by regional centers qualifiied staff. This too will cut down on fair hearings.	Jan 28, 2011 9:58 PM
111	Would like a Standards in agencies responsible for providing respite and support services needs to individuals, parents and consumers to provide a easily accessible list of providers vendored with the agency. Also, that list needs to be updated and standards put in place to cross check workers on any list to ensure they are safe and do not have a criminal and/or abuse history.	Jan 28, 2011 10:02 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
112	This depends on nature of situation and should be on an as-needed basis. Be transparent regarding the rules/criteria for assigning respite hours. Quarterly amounts are good. I think that parent outcry about not-enough-respite might be addressed with the self-determination program. It would be so good to have them thankful that they are getting some assistance, rather than that so-and-so's CPC gave them more of respite or other services -- which causes the focus to become perceived unfairness rather than support.	Jan 28, 2011 10:11 PM
113	reasonable to the level of the individual's disability and the family's ability to cope with life surrounding the disability.	Jan 28, 2011 10:12 PM
114	respite services should be authorized on an annual basis so that families can use the hours when they need them not because they have to use them up or lose them - 100-360 hours/year	Jan 28, 2011 10:13 PM
115	Maximum of 60 hours per quarter if family receives IHSS or other generic assistance. Maximum of 90 hours per quarter if no generic assistance is available.	Jan 28, 2011 10:23 PM
116	no suggestion, other than to survey people who are in need of these services, or who currently utilize these services	Jan 28, 2011 10:23 PM
117	8 hours per week	Jan 28, 2011 10:27 PM
118	This depends on nature of situation and should be on an as-needed basis. Be transparent regarding the rules/criteria for assigning respite hours. Quarterly amounts are good. I think that parent outcry about not-enough-respite might be addressed with the self-determination program. It would be so good to have them thankful that they are getting some assistance, rather than that so-and-so's CPC gave them more of respite or other services -- which causes the focus to become perceived unfairness rather than support. Day Programs need to be daily.	Jan 28, 2011 10:32 PM
119	Respite should not be used as day care or personal assistance.	Jan 28, 2011 10:37 PM
120	See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
121	out of home shuold not have to be in lincensed residential or day care facilites This could be tutoring or other training facilities	Jan 28, 2011 10:45 PM
122	A consistent guideline for hours would be useful, it does not appear this is currently available and there is huge disparity in the amount of respite a family receives amongst RC's	Jan 28, 2011 10:53 PM
123	The amount of service should reflect the individual needs of the consumer.	Jan 28, 2011 10:57 PM
124	as needed	Jan 28, 2011 10:58 PM
125	Respite should be reviewed annually. Day care should be reviewed annually. Parent training should be on an as needed basis.	Jan 28, 2011 11:05 PM
126	Should be individualized. Every family should have a minimum of available respite that can be "banked" within a calendar year.	Jan 28, 2011 11:09 PM
127	24 hours/month	Jan 28, 2011 11:10 PM
128	Service providers should be people who have had experience dealing with children who have the disability for which the caregiver is providing respite care	Jan 28, 2011 11:31 PM
129	Monthly with option for families to bank hours or days.	Jan 28, 2011 11:32 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
130	depends on the IFSP and what kind of supports the family has. We had no family help in the area and we got the same number of hours as people with multiple relatives around to help.	Jan 28, 2011 11:35 PM
131	For respite care, the existing agencies provide excellent service.	Jan 29, 2011 12:21 AM
132	Should be individualized based on availability of unofficial respite and degree of training required to take care of child	Jan 29, 2011 12:27 AM
133	The family should be able to use the time allowed monthly or saved for up to 6 months.	Jan 29, 2011 12:52 AM
134	Depending on the severity of the disabled person and time needed to support time off for parent, caregiver, etc. This time off is crucial to help support healthy lifestyle in the home.	Jan 29, 2011 12:58 AM
135	AS often as a family requires the service. this is a unique cadre of supports and services that need to be considered uniquely within each family's circumstances.	Jan 29, 2011 1:17 AM
136	Families should show proof of income.	Jan 29, 2011 1:43 AM
137	As much as needed as long as the total cost of public assistance is less than full time residential placement	Jan 29, 2011 1:45 AM
138	individual. some may need weekly respite, others once or twice per month. level of disability sh be considered.	Jan 29, 2011 2:18 AM
139	It should be provided by screened individuals or organizations such as special camps for the disabled or short term stay homes.	Jan 29, 2011 2:48 AM
140	As needed	Jan 29, 2011 3:08 AM
141	As often as needed- developmentally disabled people are a huge stress on families and they need a break regularly	Jan 29, 2011 3:14 AM
142	The amount of respite for a patient should be adjusted to match the level of care necessary. A high matinence patient's caregiver will need more frequent respite than a patient that needs minimal care. Two weeks per year plus weekends every so often should be available to the caregiver that cares for a patient with extensive needs.	Jan 29, 2011 3:15 AM
143	agencies mostly require a 4 hour shift, so need 8 hours per week for twice a week break.	Jan 29, 2011 3:16 AM
144	depends on need	Jan 29, 2011 3:18 AM
145	I believe that this is the most valuable service you can offer a family. Living with the fact that your child has a disabily is hard enough, but knowing that some understands how hard this is and wants to give you a helping hand makes thing a little easier. I think this service is very important to keeping the person or persons in the home.	Jan 29, 2011 3:31 AM
146	See above	Jan 29, 2011 3:40 AM
147	As needed	Jan 29, 2011 3:47 AM
148	It should be provided for the family at least 1-2 times a week, 4-6 hours per session.	Jan 29, 2011 3:51 AM
149	hours vary based on special needs	Jan 29, 2011 3:53 AM
150	as needed	Jan 29, 2011 4:44 AM
151	40 hours a month	Jan 29, 2011 4:51 AM
152	No one should be cut	Jan 29, 2011 5:11 AM
153	as needed	Jan 29, 2011 5:12 AM
154	Ten days a year. No rollovers, you don't use it, you lose it.	Jan 29, 2011 6:03 AM
155	A cap on per month and per quarter use has been in place for more than a year. These are inconvenient, but manageable.	Jan 29, 2011 6:14 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
156	up to 20 hours per week with adjustments for severe needs	Jan 29, 2011 6:33 AM
157	Respite should be provided when needed.	Jan 29, 2011 6:35 AM
158	15hrs/month to qualifying families @ a minimum	Jan 29, 2011 6:37 AM
159	As often as can be afforded, and the parent will tolerate.	Jan 29, 2011 6:46 AM
160	Should be determined by the family, based on their schedules and needs. Maximum should be based on decision of IPP team and Regional Center. Single parent families should have 150% number of hours of others. Families with consumers at home and not in school (ie. preschool or adults) should have 150% the number of hours of others. Families with aggressive behavior in the home for more than 1 month, should have 150% the number of hours of others.	Jan 29, 2011 6:52 AM
161	The current tool used by Valley Mountain Regional center is fair and not too cumbersome. I recommend it.	Jan 29, 2011 7:17 AM
162	Needs based....not just 1 hour per week (if that) for families giving 24/7 to their child	Jan 29, 2011 7:24 AM
163	3 hours per day	Jan 29, 2011 7:53 AM
164	Begin with a voluntary registry of providers and their different levels of expertise. Having parents hire their own respite workers is fine but why do the regional centers insist that they do not know who these providers are so each family must expend much time and energy locating someone. Again, this is absurd since parents and providers could be given the option of being in a registry that client families could access online and the system would work much better.	Jan 29, 2011 8:15 AM
165	Let parent choose agency or person responsible for providing respite care.	Jan 29, 2011 8:45 AM
166	At least once a week	Jan 29, 2011 8:49 AM
167	5 hours per week	Jan 29, 2011 3:14 PM
168	Be more vigilant monitoring your service coordinators when it comes to the total number of respite care days per fiscal year a consumer can have. I've been in the business for over 20 years and I thought the maximum number of respite days in a fiscal year is 14 but I have seen care homes provide more days. Do your service coordinators even know the rules?	Jan 29, 2011 3:52 PM
169	This needs to be based on individual need but a good guideline is 24 hours per month.	Jan 29, 2011 4:50 PM
170	Regional center consultants go for the least amount of hours. They are trained for this. I personally see that those who own less receive more. But that is not true anymore.	Jan 29, 2011 5:45 PM
171	Each family situation is different and the amount of hours and type of service should be given according to what will benefit that child and caretaker the most. Income should also be considered, because low-income families usually end up using their respite for daycare, because many of our kids can't go to your normal day-care facility. I personally use all of my respite hrs to go to work. I am a single mother raising a teenage autistic daughter who can't be left alone. I have to work to support her, but that's not respite for me. people who have more money are able to use their respite how it is intended, to get away and relax and renew themselves so they have the energy and motivation to make it another day with their child. I would love to have the time to just go out with my friends for dinner, or take a nap, knowing that my daughter is not going to escape out of the yard. To me that is what respite is all about. I know for a fact, because I am a respite worker for 5 families of autistic children. I encourage the moms to go have a bubble bath or take a nap. That is a luxury to us parents.	Jan 29, 2011 5:59 PM
172	It depends on the specific needs of the family	Jan 29, 2011 6:41 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
173	When a person has protective suppervision and also when a parent had moved away from family members and friends because of relocating job or home. If a person have as another community outting service with peers then I don't think it is nessary to have respite hrs. By elimainting more then one service it should help cost.	Jan 29, 2011 6:57 PM
174	This should be left to the parents discretion. Parents are best judge of how often they need a break.	Jan 29, 2011 7:14 PM
175	Time frame depends on the needs of the family, as well as how often. Working with a regional center counselor and parent to determine the time and type of service needed.	Jan 29, 2011 7:46 PM
176	As needed. These individuals are disabled for life.	Jan 29, 2011 8:40 PM
177	The frequency should be based on how much adult help an individual needs; all times/most times/sometimes.	Jan 29, 2011 9:10 PM
178	6 hours per week would be nice for those of us who live very rurally and would have to travel 2 hours to the nearest metropolitan area with restaurants and stores. That would mean I could actually have 2 hours of relaxation at the thrift stores or the Redding park before heading back home.	Jan 29, 2011 9:31 PM
179	Parents should be allowed to receive intermittent respite services for 12 months at a time.	Jan 29, 2011 9:50 PM
180	Depending how many children the parent or caregiver has that have development issues, and what the parent needs to use the respite for.	Jan 29, 2011 10:57 PM
181	THROUGH COORDINATION. COLLABORATION WITH FSSBA (FAMILY SUPPORT SERVICE OF THE BAY AREA) AND REGIONAL CENTER , SOCIAL SEVICES, OTHER SOURCES OF FUNDING! IMPORTANT TO ADVERTISE (EG BANANA'S NEWSLETTER. COLLEGE CAMPUSES , ACTIVELY RECRUIT PROVIDERS	Jan 30, 2011 12:00 AM
182	I told my case manage when i used it. I got 20 hours a mothn.	Jan 30, 2011 12:17 AM
183	At least 8 hrs. per week.	Jan 30, 2011 12:28 AM
184	Weekly respite is needed.	Jan 30, 2011 12:36 AM
185	The 24 hours provided now is excellent.	Jan 30, 2011 12:52 AM
186	As long as there can be exceptions to the standards and a procedure for how to consider exceptional circumstances, I'm ok with standards. The current 30 hr/mo, 90 hrs/qtr seem adequate to me with very few exceptions.	Jan 30, 2011 1:24 AM
187	see above.	Jan 30, 2011 3:36 AM
188	While a certain set standard of hours per month should be available to each family--e.g., 45 hours/month--additional hours must be available when a child is particularly sick and requires special, intensive care by parents. Those parents will necessarily need more respite time. Additionally, when new stresses are added to the already stressful experience of raising and caring for a child with a developmental disability--e.g., bankruptcy, serious illness of one of the parents--more respite hours must be made available to the family.	Jan 30, 2011 4:19 AM
189	Every six months.	Jan 30, 2011 7:15 AM
190	At least 8 hours per week.	Jan 30, 2011 8:03 AM
191	Should be available on a weekly basis as long as needed.	Jan 30, 2011 3:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
192	AS above - based on the needs of the child, but it should be enough to allow the parent of a special needs child to reasonably care for herself, get done what she needs to get done (shopping, etc.) get a daily break for an hour or two, and get time to be able to participate in therapies and talk to people without the child present. This will be different for every family, and mix in with efforts to help the family help the parent and child do things together, like shopping, if that can be made safe. You know all this. But there need to be minimums. Family members might be required to help out for the family to get some of their funding, to encourage more cooperation, but there have to be exceptions to that too.	Jan 30, 2011 5:20 PM
193	Current service standard appears to be working for most families with whom we speak.	Jan 30, 2011 6:24 PM
194	Respite 15 hours per month. Should not be offered as a income rather than "respite" per se. IHSS should be offered before respite and day care even though it is two different services. IHSS worker document the need for family to receive IHSS. SC need to do the same. Respite should be audited at each annual so day care. Again, RC/DDS are not bank accounts.	Jan 30, 2011 8:22 PM
195	Respite hours s/b offered on a monthly basis. A minimum of 16 hrs per month up to 32 hrs/ month. A child w/ severe autism and problem behavior should receive 32 hrs per month of respite. A child w/ mild behaviors should receive 16 hrs per month. Socialization and behavioral training s/b offered to autistic children for 32 hrs per month. Autistic children have strong deficits in communication, socialization and difficult behaviors.	Jan 30, 2011 8:43 PM
196	based on family need at least 2-4 times per week and longer if a special situation arises (on an individual basis)	Jan 30, 2011 9:17 PM
197	based on hours you take care of family member or client.	Jan 30, 2011 10:53 PM
198	As needed	Jan 31, 2011 12:07 AM
199	Individual need should determine the standards and frequency.	Jan 31, 2011 1:36 AM
200	Reinstate community based respite for people so they can get out of the house. This will help the person receiving support to engage in meaningful activities and allow the parents the option of staying home to clean or sleep. It will also allow for a person to stay overnight with a provider if the family is out of town.	Jan 31, 2011 4:33 AM
201	As often as needed for the safety of the parent and dependent.	Jan 31, 2011 4:41 AM
202	Minimum of 10 hrs a week.	Jan 31, 2011 5:01 AM
203	Many families who receive hours can't actually use them because their child's needs make it really difficult to find someone who can come in the home and be alone with them. More of an effort should made to provide out-of-home respite to these families.	Jan 31, 2011 8:28 AM
204	Depends on the need of the individual	Jan 31, 2011 3:49 PM
205	Agency respite only. There is a lot of fraud with parent vendored respite.	Jan 31, 2011 3:54 PM
206	A specific amount of hours free and then make it aa co-pay.	Jan 31, 2011 3:58 PM
207	as needed.	Jan 31, 2011 4:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
208	respite services should be CAPPED at a maximum of 16 hours per month. The intent is to provide the parents a BREAK, not to provide near constant care. With the availability of children being in school and families receiving IHSS services, there are other opportunities for the family to receive a break. And if the family is being paid to provide care through IHSS, they are being reimbursed to perform these tasks, so they should not then have the right to request a break from care they are being paid to provide. This just does not make sense and is double dipping from government funds. All parents need a break, disabled or not, and all families need to utilize family members, friends, neighbors, etc. to receive this break. Many families are taking advantage of their respite services, signing off time cards for friends and family members who are their providers, and splitting the money received, not using it for the intended break	Jan 31, 2011 4:31 PM
209	Once a week at least.	Jan 31, 2011 4:34 PM
210	As recommended by the case worker.	Jan 31, 2011 4:42 PM
211	Families should not receive more than 16 hours in a month.	Jan 31, 2011 4:51 PM
212	This should be based on the severity of the behaviors, how much time a family member needs to spend assisting the consumer, hours already spent at other programs, IHSS hours recieved, etc. Three to six hours per week should be provided only (15 to 30 per month), anything else is excessive.	Jan 31, 2011 4:54 PM
213	when needed	Jan 31, 2011 5:18 PM
214	...individual family needs...	Jan 31, 2011 5:35 PM
215	atleast twice a week	Jan 31, 2011 5:43 PM
216	This service could be recieved either in the home or out of home in a way that meets the family's need.	Jan 31, 2011 5:57 PM
217	Other services such as IHSS, EPSDT nursing care, or Medicaid Waiver funded nursing care must be considered, as these services often provide parents with a break from the consumer's care.	Jan 31, 2011 6:04 PM
218	Minimum of 4 hours a day.	Jan 31, 2011 6:14 PM
219	Depending on the need of the consumer and family.	Jan 31, 2011 6:17 PM
220	Never	Jan 31, 2011 6:41 PM
221	Respite services should be consider on an individual's needs and also take into account the dynamics of the family.	Jan 31, 2011 6:52 PM
222	Consumers who receive parent training should receive it as much as they need it since parent training is an ongoing services and it is especially important for parents with developmental disabilities since they usually are not capable of learning it by themselves.	Jan 31, 2011 6:57 PM
223	If parent is requesting day care services due to employment, Regional Center to request letter from place of employment HR Department confirming (location, hours). Under 18 respite and any form of family support that DDS is funding should be reviewed every 6 months. Over 18, to reviewed during the Annual Review/IPP	Jan 31, 2011 7:07 PM
224	For respite, it would be nice to receive at least 8 hours a month. This breaks down to dinner out, or a movie out, once a week, per month. For those that don't have family or those that work 2-3 jobs just to provide for their disabled children, this would be a God send. At min. wage (in SF) that works out to $80 a month. This should be a minimum. Suggested would be 16 hours a month, allowing for a longer dinner, or dinner and a walk, or dinner and a movie.	Jan 31, 2011 7:13 PM
225	They must be individualized and needed. Set formulas do not work because families needs vary greatly.	Jan 31, 2011 7:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
226	Respiste required for a whoe week of respite every two years in their home would be a realistic service to allow families to have time off. Some families never get time away other than a few hours. Services should be required three weekends a month for five hour increments, so 20 hours a month at the very least!!! So time away would allow refreshment of all concerned.	Jan 31, 2011 7:22 PM
227	Services should be received on a as needed basis.	Jan 31, 2011 7:25 PM
228	This obviously depends on the other services they are receiving. I receive 30 hours a month and use them each and every month. Again, if the services are being used to the max, they should be removed.	Jan 31, 2011 7:34 PM
229	As needed	Jan 31, 2011 7:38 PM
230	As needed; recognizing that the shortage of LVNs and RNs already exacerbates the service needs of eligible families. For those who have private insurance that doesn't provide shift care, consider helping the family negotiate to adapt similar services - e.g. three 2-hr shifts by an RN not to be consecutive, but including travel time and expenses would easily cover LVN services for 8 hrs. Link families who need these levels of services to each other so they form their own network and possibly find other strategies outside of the system to support their needs.	Jan 31, 2011 8:13 PM
231	As often as a family needs respite to ensure continuing functioning of family	Jan 31, 2011 8:18 PM
232	As needed.	Jan 31, 2011 8:34 PM
233	I think that respite hours should be the same for everybody. I think each family should receive 16 hours per month.	Jan 31, 2011 8:56 PM
234	2 times a month	Jan 31, 2011 9:13 PM
235	None	Jan 31, 2011 9:15 PM
236	As per the IPP	Jan 31, 2011 9:33 PM
237	Each case/situation should be indivdually evaluated.	Jan 31, 2011 9:35 PM
238	I think more flexibility would be advantageous. Often, needs arise that are not anticipated; so, if a certain number of hours were allotted, they could be used as needed.	Jan 31, 2011 9:39 PM
239	service should be provided on a weekly basis up to a montly basis. Families should be able to leave their home at least one time a week to remain sane and mental able to care for their children. For in home respite, this should include a prorated amount based on the need of the family. With a maximun of respite for a income level 60,000 or less. incomes greater than this should receive an adjusted amount to compensate for the difference in income.	Jan 31, 2011 9:48 PM
240	Once a month, for an evening out. I am not sure "respite" should be much more than that (even though I know it currently is).	Jan 31, 2011 9:51 PM
241	Everyone needs to stop whining and take a cut in whatever service they can live with. Our state is in a mess!	Jan 31, 2011 9:57 PM
242	I oppose statewide purchase of service standards	Jan 31, 2011 10:02 PM
243	We are given 24 hours a month for respite, which I think in our case, is the minimum a couple should get. You cannot continue to build your relationship without having a block of hours to take the time to regroup. We rely on thos four hours a 6 hours a week to address our relationship, and our family's strength.	Jan 31, 2011 10:11 PM
244	The respite assessment does not allow for extenuating circumstances. Perhaps there should be a section where these issues could be written, and then a team could evaluate a points value for said issues?	Jan 31, 2011 10:15 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
245	There were basic amounts set by Regional Center based upon a child's developmental needs. Thus, the respite care hours should return to such limits for those supporting infants with developmental disabilities.	Jan 31, 2011 10:16 PM
246	rere	Jan 31, 2011 10:31 PM
247	20 hours per month maximum for respite.	Jan 31, 2011 10:36 PM
248	There should be a ceiling on the number of hours per year pro-rated for hardship.	Jan 31, 2011 11:52 PM
249	In emergency (ie critically ill parent/caregiver) as needed, with Regional Center supervisor approval. For children and adults who can not be cared for in "typical community resources" or left alone, as needed. Families of Early Start children up to 10 hours quarter	Feb 1, 2011 12:02 AM
250	As necessary!	Feb 1, 2011 12:14 AM
251	Leave it open to the family but aggregate the the hours quarterly.	Feb 1, 2011 12:33 AM
252	as needed. Individual basis	Feb 1, 2011 12:59 AM
253	Hours needed should be written down as to specific times and hours required.	Feb 1, 2011 1:20 AM
254	Frequently! Also need to assess resources for care of these children so that parents can maintain jobs, which make for healthier situation overall.	Feb 1, 2011 1:27 AM
255	Current standards seem adequate to me.	Feb 1, 2011 1:34 AM
256	Consumer choices	Feb 1, 2011 1:48 AM
257	Hours area alloted and the family should be able to use them when and how they wish.	Feb 1, 2011 3:24 AM
258	24 hours max per month seems reasonable for most cases.	Feb 1, 2011 3:57 AM
259	Guidelines not budget cuts	Feb 1, 2011 4:16 AM
260	As often as is necessary, per a standard assessment of need administered by the service provider.	Feb 1, 2011 4:29 AM
261	Services should be individualized based on individual/family need rather than on diagnosis.	Feb 1, 2011 4:36 AM
262	at all times	Feb 1, 2011 4:54 AM
263	The service should be provided as often as needed. In our case, we're limited to 30 hours of LVN hours per week, when what we really NEED is 45 hours of cheaper and more cost effective child care and respite hours. I'm outraged that we're losing out on what we NEED in favor of something so grossly more expensive that we don't need. It's a waste of what little funding we still have left and it angers me deeply.	Feb 1, 2011 4:56 AM
264	as often as is needed to maintain a client in their home, addressing the specific needs unique to that client and his situation (i.e. aggressive behaviors, elopement, SIB issues, family stress, sibling issues, etc.)	Feb 1, 2011 5:08 AM
265	maybe shorten the amount of hours they get, but dont remove the hours	Feb 1, 2011 5:24 AM
266	As much as a family needs it, they should provide more to families who have more than one child with DD's. Multiple children make it very stressful, especially those with DD's	Feb 1, 2011 5:31 AM
267	Dependent upon the severity of the disability and behaviors.	Feb 1, 2011 5:32 AM
268	everyday	Feb 1, 2011 6:01 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
269	There should not be a statewide standard for how often this service should be provided. Services should be based on the individual's and his or her family's unique needs based on assessments of the individual's medical and professional experts. If statewide "standards", which in effect are statewide "limitations," are imposed, there should be exceptions available upon the individual's showing that the specific consumer needs more hours of service and it should be made difficult for the individual to comply with the exception when it is justified.	Feb 1, 2011 7:25 AM
270	At least weekly respite	Feb 1, 2011 7:31 AM
271	At least twenty four hours a month, to be used as one day or several chunks of a few hours at a time.	Feb 1, 2011 9:02 AM
272	once or twice a week per child.	Feb 1, 2011 4:11 PM
273	Assessed amounts of time based on level of disablity.	Feb 1, 2011 4:27 PM
274	I think hours should be increased for respite. Respite doesn't always mean a break... it means being able to get groceries, go to medical appointments, run errands which cannot be done if you have a special needs individual in your care.	Feb 1, 2011 4:51 PM
275	Monthly.	Feb 1, 2011 4:53 PM
276	30 hours a month	Feb 1, 2011 5:14 PM
277	Depending on amount of service approved, they should be provided once or twice a week to be determined by the family members of consumer.	Feb 1, 2011 5:16 PM
278	8 hours a week of restbit for a break and sanity!	Feb 1, 2011 5:52 PM
279	There should be a minimum standard and exceptions made for certain situations	Feb 1, 2011 6:05 PM
280	As determined by the family and team. Qualified nursing/caregiving staff should be available both in-home and in center.	Feb 1, 2011 6:06 PM
281	No more than 16 hours per day.	Feb 1, 2011 6:15 PM
282	everyday.	Feb 1, 2011 6:28 PM
283	In fairness to everyone, there should be guidelines on the amount of respite received, otherwise those "squeaky" wheel families get more and the people who are not as good at advocating or speaking up do not.	Feb 1, 2011 6:56 PM
284	Talk with the family, compromise, be realistic of need and provide the hours.	Feb 1, 2011 6:58 PM
285	put together a matrix that "spits" out a number taking into account clients age, diagnosis, parent situation, etc	Feb 1, 2011 7:01 PM
286	Since IPPs are revisited on a quarterly basis, it is appropriate to have hours renewed on a quarterly basis as well. This also enables families to plan ahead according to anticipated events or needs.	Feb 1, 2011 7:05 PM
287	Should be as often as possible to relief parents/guardians	Feb 1, 2011 7:14 PM
288	Service should be based on the needs of the family or caregiver and the severity of the consumer's disability and care needs. Families should be allowed to use available services in the way most useful for thier own needs.	Feb 1, 2011 7:25 PM
289	As often as needed determined by family / caregivers.	Feb 1, 2011 7:51 PM
290	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
291	Respite hours are alloted on a monthly basis and person served has the freedom to use them however they choose, as long as they don't go over the amount of hours assigned.	Feb 1, 2011 8:11 PM
292	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
293	There is a lot of disparity in # of Respite hours.	Feb 1, 2011 9:30 PM
294	We need a statewide rubric for providing these services, which differentiates for two clients.	Feb 1, 2011 9:32 PM
295	28 hours a month per disabled person.	Feb 1, 2011 9:38 PM
296	one 24 hour day per month, at least, and when care giver is ill.	Feb 1, 2011 9:42 PM
297	Depends upon the severity of the person's disablity. I have a moderately Autistic child. 4-6 hours a week of respite care would be heavenly!	Feb 1, 2011 9:46 PM
298	CERTAINLY SOME PEOPLE NEED MORE HOURS THAN OTHERS, DEPENDING ON WHAT THEIR OWN UNIQUE SITUATION IS. RESPITE SHOULD BE AN ONGOING SERVICE AS LONG AS IT IS NEEDED TO MAINTAIN SANITY WITHIN THE FAMILY.	Feb 1, 2011 9:57 PM
299	as much as possible	Feb 1, 2011 10:40 PM
300	Whatever is the maximum number of hours for the number of children are in the household.	Feb 1, 2011 10:45 PM
301	The current program is sufficient.	Feb 1, 2011 10:53 PM
302	Based on the amount of care the consumer needs or how severe the disability is. Respite in emergency situations is crucial. It can allow time for others to have time with a dying loved one or grieve without someone else being depend on them at all times. Emergency situations should be time limited though.	Feb 1, 2011 11:16 PM
303	I'm not sure but I can say how often, but having respite has helped keep marriages together and it helps to be able to pay a sibling for helping when they know the person the best. It keeps the resentment level down and calmness in the home. It keeps parents SANE!	Feb 1, 2011 11:34 PM
304	The current system is fine. The problem is finding providers.	Feb 1, 2011 11:43 PM
305	Respite should generally be limited to 16 hours per month.	Feb 1, 2011 11:43 PM
306	As much as requested by parent/guardian.	Feb 1, 2011 11:47 PM
307	These services should be provided on an as needed basis, weekly or monthly.	Feb 1, 2011 11:55 PM
308	Whenever requested, or at least a once-weekly availabity should be offered.	Feb 2, 2011 12:10 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
309	Services should be provided for families to the extent needed, and periodic service reviews are appropriate as situations change over time. Each case/family requires a different level/type of support. Often families report being told "this is all that is available" which is not an appropriate response when a family is in crisis. Families in crisis require greater levels of support and Regional Centers should conduct a needs assessment and develop a plan with a family when a family is requesting additional support. Regional Centers should cultivate vendors to provide out of home respite as there is an increasing need for this support and currently many families are told it is not available as there are not enough providers.	Feb 2, 2011 12:15 AM
310	monthly with a flat rate depending on age of child. e.g. 100 hrs/month for preschool child, 50 hours for elementary age child, 35 hours for middle school and above. hours should not need to increase for school breaks and summer since the regional center program would be to assist the family, not pay for the entire cost. parents of typically developing children would have to allow for this cost anyway.	Feb 2, 2011 12:21 AM
311	According to the parents needs not according to the respite availablilities	Feb 2, 2011 12:30 AM
312	Only offer it with licensed facilities.	Feb 2, 2011 12:31 AM
313	The amount of time determined for Respite services should be determined by the customer, the family, and the case manager. Respite should be determined based on the customer's family's needs.	Feb 2, 2011 12:46 AM
314	I think the respite model -- which is basically a voucher model allowing the caregiver to choose her own respite provider-- should be radically expanded to cover almost all developmental services, including Behavioral, EI, and housing. A certain amount of money should be placed in an account for the benefit of the person with a disability, and the primary caregiver should make decisions about how it should be spent -- on respite, therapy, or housing. This model will allow for needed flexibility, and remove a lot of the agency waste.	Feb 2, 2011 12:47 AM
315	The person providing respite care should have a thorough background check. Ideally, they would have experience in caring for children with special needs.	Feb 2, 2011 12:54 AM
316	Depending on the specific service. The current practice by SARC is considered adequate by me.	Feb 2, 2011 1:14 AM
317	Individualized to family need.	Feb 2, 2011 1:18 AM
318	Depending on the severety of the disability the services could be provided every day.	Feb 2, 2011 2:13 AM
319	You've got a 17-year-old profoundly retarded son who cannot be left alone. Your bank calls and says there's a problem and they need to see you in person,. You've also got grocery shopping that must be done. Oh, and then there's the dry-cleaners, the gas station, and the gift you need to get Aunt Mildred. But don't forget that you and your spouse haven't had an hour alone in 17 years because Jr. needs 100% attention, 100% of the time. You have the option of having respite services send a qualified individual to your home to take care of Jr while you and your husband run errands TOGETHER and even have an opportunity to go out on a date to rejuvenate your marriage and strengthen your family. Respite services should be provided for as many hours as possible.	Feb 2, 2011 2:43 AM
320	A written request by family and reasons why case by case	Feb 2, 2011 2:53 AM
321	3x/week	Feb 2, 2011 3:48 AM
322	Allow for accumulation of respite hours rather than being required to use a few hours each month. It is much more beneficial for parent caregivers to have weekend away rather than just an evening.	Feb 2, 2011 4:00 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
323	I think the 90 hours a quarter and the 21 out of home is way generous - it should be one or the other. Also, once a determination for the amount of respite is agreed upon, I think it is wrong from families to come back and request more for something like a vacation. It's one thing to make a new request because of a change - a disability, death, divorce, etc. - But family vacation is not a crisis. The average tax payer would be upset about this.	Feb 2, 2011 5:25 AM
324	regionall needs to do a thorough review of who the pay for respite	Feb 2, 2011 5:26 AM
325	Probably by avariety of individuals including those with specific skills directed to rehabilitation/therapy of/for the sufferer, and those who merely provide refief for the parent/relative caregiver.	Feb 2, 2011 5:31 AM
326	Case by case basis.	Feb 2, 2011 6:00 AM
327	The greater the needs of the client the more respite hours they should get.	Feb 2, 2011 6:10 AM
328	More often than any of these things are provided right now, rested care providers make for better care providers, and children and adults who are properly socialized do better overall.	Feb 2, 2011 6:12 AM
329	Whenever the caregiver, guardian needs respite. May even be set up on a regular basis.	Feb 2, 2011 8:54 AM
330	No more that 10 hours per month, and I am very generous	Feb 2, 2011 2:09 PM
331	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 3:41 PM
332	Daily as needed	Feb 2, 2011 4:42 PM
333	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 4:58 PM
334	This varies from family to family, but in general 8-12 hours per week should be suffice. This will allow parents to go out to a dinner, a moview, attend a social function, etc. Respite and specialized respite play a role in preventing families from fragmenting due to the constant need of the child or adult member with DD for supervison.	Feb 2, 2011 5:47 PM
335	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 5:54 PM
336	On an as needed basis	Feb 2, 2011 6:18 PM
337	4 to 10 hours a month	Feb 2, 2011 6:33 PM
338	See above	Feb 2, 2011 6:37 PM
339	No more than 20 hours per month.	Feb 2, 2011 6:40 PM
340	a	Feb 2, 2011 6:52 PM
341	At the family's need - daily if necessary. I used to need daily but now that my twins are 6 1/2, I only need some time on the weekends.	Feb 2, 2011 6:57 PM
342	We all know that Parent-Vendor respite is cheaper than through an agency because there is no overhead.	Feb 2, 2011 7:22 PM
343	The degree of respite needed would be a reflection on the level of support provided by the family	Feb 2, 2011 7:23 PM
344	Bi-monthly respite seems fair.	Feb 2, 2011 7:34 PM
345	As determined by complexity of client care. To be assessed by RC case manager. Maximum number of hours per month should be set. Hours could be based on CDER developmental level, or checklist of needs (e.g., needs assistance with bathing; not toilet trained, etc - then if client has 2 items checked, he can receive 5-10 hours/month of respite).	Feb 2, 2011 7:41 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
346	It would be nice to have a family home that is local to the client. Having never used respite because the location is too far away I don't know what a standard would be.	Feb 2, 2011 7:45 PM
347	24 hours per month or 12 days per year of camp	Feb 2, 2011 7:47 PM
348	Parents need to make the case for how much respite service they need.	Feb 2, 2011 8:57 PM
349	Respite should NOT be allowed to be used as child care when a parent is at work. Respite should NOT be allowed to be used to provide care consistent with typical parent needs for babysitting. Respite should be allowed on a regular basis for parent to be able to attend meetings, trainings, appointments as related to the child's eligible condition.	Feb 2, 2011 9:04 PM
350	At a minimum, these services should be available once a quarter for a maximum of 4-hours publicly funded per each quarter.	Feb 2, 2011 9:05 PM
351	The respite hours should be determined by hour severly the client is disabled. The more involved the clients disabilites are the more hours per month they should recieve and the less involved the disabilities the less hours recieved. My Regional Center does this now. They have a check list that they use to determine how many hours of respite a family is entitled to.	Feb 2, 2011 9:26 PM
352	20 hours a month	Feb 2, 2011 9:37 PM
353	My daughter only has enough hours to have respite once every two weeks. I'm exhausted by that time. Once a week would be preferable. I now have to pay for Easter Seals 5 day camp. It is an incredible stretch for me financially, but very rewarding for my daughter. The Regional Center used to cover these costs. Now, I not only have to pay for her camp supplies but also the camp.	Feb 2, 2011 9:40 PM
354	Only if client has no family	Feb 2, 2011 9:41 PM
355	24 SEVEN	Feb 2, 2011 9:45 PM
356	individual assessment	Feb 2, 2011 9:45 PM
357	as needed basses	Feb 2, 2011 9:49 PM
358	It will depend in the severity of the case and family dynamics.	Feb 2, 2011 10:06 PM
359	*As needed	Feb 2, 2011 10:10 PM
360	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
361	On a case by case basis. Everyone deserves a break. What number of hours would you allow a family, families that must care for children/adults around the clock day in day out 24 hours a day. Lets see...most of us get two days off a week. I know you would be hard pressed to find families getting 64 hours a month in respite. Imagine how difficult it would be! Have compassion!	Feb 2, 2011 10:13 PM
362	I firmly believe that the health costs in our country for caregivers in general, sibling mental health issues, broken marriages could be reduced by regular, at least twice monthly respite services. No human being can be a superparent for any length of time without something 'giving', and families with siblings must have time to devote to their other kids in family activities even if just going out to eat and the movies w/o mom and/or dad having to accomdate the disabled family member. The cost is probably immeasurable for qualifty of the entire household's life to be improved AND the client's life who somehow is aware of the stressors around them too.	Feb 2, 2011 10:20 PM
363	Please previous topic response....	Feb 2, 2011 10:26 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
364	I took a cut in hours some years back. I was happy to do my part in sacrificing respite hours. I think every family should be willing to give some hours back to benefit the budget. I would suggest to reduce the max. hours from the previous standard.	Feb 2, 2011 10:28 PM
365	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 2, 2011 10:29 PM
366	This should be individualized to each family's need.	Feb 2, 2011 10:29 PM
367	Money should be paid as needed for this service.	Feb 2, 2011 10:30 PM
368	50 hrs per month	Feb 2, 2011 10:47 PM
369	4-6 hrs. per week.	Feb 2, 2011 11:10 PM
370	This depends on nature of situation and should be on an as-needed basis. Be transparent regarding the rules/criteria for assigning respite hours. Quarterly amounts are good. I think that parent outcry about not-enough-respite might be addressed with the self-determination program. It would be so good to have them thankful that they are getting some assistance, rather than that so-and-so's CPC gave them more of respite or other services -- which causes the focus to become perceived unfairness rather than support. Day Programs need to be daily.	Feb 2, 2011 11:42 PM
371	Several times a week up to around 2 weeks per month.	Feb 3, 2011 12:02 AM
372	If the client has IHSS - a generic resource, not more than 16hrs/month should be provided.	Feb 3, 2011 12:14 AM
373	Should be at parent's discretion, just as it would be for a parent hiring a babysitter.	Feb 3, 2011 12:21 AM
374	as often as needed	Feb 3, 2011 12:44 AM
375	Same answer as previous pages	Feb 3, 2011 12:46 AM
376	Base on severity and affordability of the parents.	Feb 3, 2011 12:51 AM
377	Rental assistance after client pays 1/3 their income	Feb 3, 2011 1:03 AM
378	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 1:03 AM
379	Families themselves should not be compensated as the care provider for their child--if respite services are needed then bring in a respite worker to sit in for the parent when needed. Based on family situation--case managers should have guidelines as to rating family need. Is the parent the only care provider? Is the parent healthy, aging, or ill? Any one of several situations can determine the most needy--and respite should go to those with the greatest need.	Feb 3, 2011 1:07 AM
380	Respite should not exceed 24 hours per month. Personal Assistance should not exceed 10 hours per week.	Feb 3, 2011 1:15 AM
381	maximum 5 hours per week	Feb 3, 2011 1:25 AM
382	Again get rid of Alta put the funding into the hands of people that can acess and live with the clients needs then we could better pay those who actrually care for our kids	Feb 3, 2011 1:27 AM
383	individual cases may vary	Feb 3, 2011 1:33 AM
384	depends on severity of disability	Feb 3, 2011 2:02 AM
385	Vendored service providers which are staffed by invididuals with educational and vocational experience in this field. Not regional center personnel.	Feb 3, 2011 2:04 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
386	Each person has to be done on a individual basis - no two are alike	Feb 3, 2011 2:16 AM
387	As needed per family.	Feb 3, 2011 2:24 AM
388	Base on Need and not Budget cuts!	Feb 3, 2011 2:36 AM
389	After school so that working families can continue to keep their jobs rather than having to give them up for childcare responsibilities.	Feb 3, 2011 2:43 AM
390	same as above	Feb 3, 2011 2:55 AM
391	Regular, hard-working parents are already buckling under the pressure of raising a child with developmental disabilities and respite already has statewide service standards. In addition to capping respite, the DDS should consider ensuring it's available. It's the LACK of available respite that is the problem in rural communities.	Feb 3, 2011 3:04 AM
392	Respite frequency should be dependent on the amount of disability and the number of hours the family members or caregivers work outside of the home.	Feb 3, 2011 3:11 AM
393	Since parents should receive more.	Feb 3, 2011 3:23 AM
394	I do not know the costs involved in this. It would seem there is a lot of overhead for the agency that employs the respite providers. The agencies I understand are paid about twice what the workers make per hour.That said, I know there are liability insurance and other overhead costs involved. At the respite workers pay rate it is difficult to obtain a qualified person. Perhaps investigation should be made into the cost of the agencies employing the respite workers.	Feb 3, 2011 3:32 AM
395	Case by case basis.	Feb 3, 2011 3:33 AM
396	weekly is a mustteh family would report the releif and the ability to take care of the rest of the family needs	Feb 3, 2011 4:43 AM
397	set maximum at 25 hours per month. No more than 10 hours per month for anyone younger than 10 hours per month.	Feb 3, 2011 5:18 AM
398	weekly, monthly, and yearly	Feb 3, 2011 5:22 AM
399	3-4 hours every other day	Feb 3, 2011 5:57 AM
400	Depending on the supports system, services can be made available on a weekly, monthly, or quarterly basis.	Feb 3, 2011 6:07 AM
401	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 6:11 AM
402	2 hrs daily	Feb 3, 2011 6:13 AM
403	as needed	Feb 3, 2011 6:24 AM
404	Time should be determined jointly by the regional center and the parent of the client based on the level of support needed by the family. A detailed time budget should be presented by the client's guardian with desired activity. In determining eligibility, non-essential activities shall be supported (e.g. time off) to support the child's ability to stay in the home and for the parents to support the child in the long run.	Feb 3, 2011 6:28 AM
405	need should be reviewed semi-annually using some tool	Feb 3, 2011 6:30 AM
406	Once every two weeks.	Feb 3, 2011 6:33 AM
407	No Comment	Feb 3, 2011 6:53 AM
408	Twice a month, to a maximum of 18 hours per day.	Feb 3, 2011 6:53 AM
409	twice a month for a maximum of 18 hours.	Feb 3, 2011 6:53 AM
410	As needed by consumer.	Feb 3, 2011 7:32 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
411	Parent vendored respite and day care can not be provided by a relative provider if the relative is a dependent of the parent/couple, such as, a grandmother who lives with the family and is listed as a dependent on her sons taxes. Also, parent vendored respite and day care can not be provided by a relative provider who is already caring for sibling in the home for free. Justification has to be made as to why that child requires additional care and the qualification of the relative provider to provide the care.	Feb 3, 2011 7:45 AM
412	Again, every family needs respite time. I think 24 hours should be the minimum amount of respite time.	Feb 3, 2011 7:48 AM
413	in the home , repsite centers	Feb 3, 2011 7:48 AM
414	The number of hours per week should be determined based on severally disabled the person is. Example the care givers of a children with severe mental retardation should get more time than one that has Aspergers.	Feb 3, 2011 8:07 AM
415	As needed. More than 40 hours a month!	Feb 3, 2011 8:12 AM
416	advocacy, parent training classes	Feb 3, 2011 8:31 AM
417	twice a week, three times in the consumer is a difficult case (institutional or self injurious)	Feb 3, 2011 9:13 AM
418	For highly relational subjects, we would not ask for unknown caregivers to come in to our home on less than a monthly basis since an unknown, or slightly known caregiver is not a strengthening resource. However, if people we know could be qualified to be regular caregivers with some training, we would use services much more often and on-call experts could be a phone resource for 'emergencies' for those less trained.	Feb 3, 2011 1:50 PM
419	I believe the states should be aligned in these services as people do move from time to time. This may help with budgeting as well.	Feb 3, 2011 3:49 PM
420	See above	Feb 3, 2011 4:42 PM
421	Current standards are working well.	Feb 3, 2011 4:44 PM
422	depends on severity of disability	Feb 3, 2011 4:51 PM
423	Continue to utilization the Regional Center assessment tool for respite qualifications. Expand the service limits to create a CAP of 10% that would require greater amount of services, given the severity of the situation. Mandate that all respite clients using Agency Respite switch to Self-Directed Respite. This will save $4 to $5 per hour for all service hours. The cost-savings will be significant state-wide. Eliminate any respite vouchers and require clients to use the Self-Directed/Employer of Record Model. This will eliminate the administrative expense for audits thousands of consumers and families state-wide	Feb 3, 2011 5:09 PM
424	Respite has to only be given through an independent agengy to prevent fraud.	Feb 3, 2011 5:19 PM
425	Yes and no. Though we were told we could receive this.....we were unable to find a provider after two years of searching. So, in reality, it was a nonservice due to lack of practicality.	Feb 3, 2011 5:22 PM
426	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 5:25 PM
427	As necessary to satisfy health and safety needs with a cap. Hours above the cap to have upper managment oversight. Consumer must apply for IHSS. Protective supervision should be a generic resource to meet the Health and Safety needs. Family memebers should not be paid for respite.	Feb 3, 2011 5:27 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
428	As needed basis by the family.	Feb 3, 2011 5:29 PM
429	Weekly or daily, depending on the need.	Feb 3, 2011 5:42 PM
430	for child day care - RC should only pay if above the day care cost for a child w/out disabilities.	Feb 3, 2011 5:43 PM
431	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 3, 2011 5:50 PM
432	20-30 hours per month	Feb 3, 2011 5:52 PM
433	Worksheet shall be used. Maximum hours for in home to be 90 hours per quarter unless documented risk of out of home placement has been obtained. Executive review to be completed prior to authorization of over 90 hours per quarter. To be provided by a respite care agency or employer of record agency.	Feb 3, 2011 5:56 PM
434	all families should have equal services based on annual budget	Feb 3, 2011 6:11 PM
435	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:19 PM
436	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:31 PM
437	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:32 PM
438	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:45 PM
439	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 6:50 PM
440	as needed	Feb 3, 2011 6:53 PM
441	This depends on nature of situation and should be on an as-needed basis. Be transparent regarding the rules/criteria for assigning respite hours. Quarterly amounts are good. I think that parent outcry about not-enough-respite might be addressed with the self-determination program. It would be so good to have them thankful that they are getting some assistance, rather than that so-and-so's CPC gave them more of respite or other services -- which causes the focus to become perceived unfairness rather than support. Day Programs need to be daily.	Feb 3, 2011 6:59 PM
442	Only to severely impaired and then evaluated individually with limits based on other programming and services such as day programs and IHSS.	Feb 3, 2011 7:22 PM
443	Respite - allocated 60 per month at minimum Childcare - for working parents, equivalent of 40 hours per week at reasonable reimbursement rate. Most care givers for special needs individuals cost $20 per hour.	Feb 3, 2011 7:26 PM
444	Respite should be provided EVERY DAY. Prisoners in a maximum security prison, rapists and murders, get an hour in the yard. All I want is an hour a day to shower, wash my hair, shave my legs. have one uninterrupted meal. I don't think that is too much to ask for but I had to beg, and plead for any respite because, according to my case worker, other people are way worse off than me. I think the biggest stumbling block to families is how they can be arbitrarily judged as needed by a case worker. This is insane. If someone is begging for a break they should get the help they need!	Feb 3, 2011 7:39 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
445	When the family member has funds to pay for it.	Feb 3, 2011 7:52 PM
446	I think 90 hours a quarter is fine. However, providing more hours for out of home respite services is wrong. Why would I put my child into a residential or day care facility over having someone in my home that I know and trust?	Feb 3, 2011 7:53 PM
447	As suggested in the IPP	Feb 3, 2011 7:56 PM
448	The severity of the disability of the client should determine the amount of hours provided. The less severe, the fewer hours. The greater the severity of the disability of the client, the more hours should be provided.	Feb 3, 2011 8:04 PM
449	A minimum of 20 hours/month, but this could be adjusted upward if necessary.	Feb 3, 2011 8:04 PM
450	Depending on the severity of the person being cared for. Three days per month seems reasonable in the case of those affected by severe didabilities.	Feb 3, 2011 8:21 PM
451	According to the child's needs.	Feb 3, 2011 8:36 PM
452	To be determined on a case to case basis depending on the severity of the consumers needs	Feb 3, 2011 8:41 PM
453	It is up to the parent to determine who shall provide these services and how often they might need respite. Regional Centers cannot make that determination for a family. Some families there is only a single parent who might need more respite than a 2 parent family. Some families have parent(s) with physical ailments which might require more respite than a family in perfect health.	Feb 3, 2011 8:51 PM
454	Our service is as often as needed and I wholeheartedly agree. It is reliable and consistent.	Feb 3, 2011 8:51 PM
455	I think that respite should be limited to 5 hours a month and in some cases - should be eliminated all together.	Feb 3, 2011 8:51 PM
456	As needed. Per evaluation.	Feb 3, 2011 8:56 PM
457	24/7 Disabled	Feb 3, 2011 8:58 PM
458	Yearly review would be appropriate.	Feb 3, 2011 9:06 PM
459	as agreed upon in the IPP	Feb 3, 2011 9:06 PM
460	It is an individual need and a very important service to keep families and individuals together.	Feb 3, 2011 9:23 PM
461	20 hours a month of respite is not enough for a family with severe disability issues. The minimum amount of hours should be at least 40 hours a month!	Feb 3, 2011 9:27 PM
462	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:29 PM
463	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:29 PM
464	No respite should be paid to individuals that receive money through IHSS, as this already provides financial coverage for "respite".	Feb 3, 2011 9:34 PM
465	They should be provided respite service atleast 10hours a month	Feb 3, 2011 9:38 PM
466	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 9:48 PM
467	n/a	Feb 3, 2011 9:55 PM
468	Start with a minimum of of 24 hours a month and assess family need.	Feb 3, 2011 10:07 PM
469	This should be determined on an individual basis, according to individual needs.	Feb 3, 2011 10:09 PM
470	it would depend on how severe the needs are of the consumer are	Feb 3, 2011 10:14 PM
471	2/month	Feb 3, 2011 10:23 PM
472	Respite would probably work better if providers were very small scale (like nannies or babysitters). Their rates could be lower then.	Feb 3, 2011 10:45 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
473	All school days/holidays. Respite should be provided for at least 30 hrs a month, so they can have time out each week, or a week-end, time enough to really feel rested. As a respite provider we have special training and the compassion to work with these families at a very minimal pay. The parents waived fees is essential considering if they didn't receive the respite, the alternative would be to hire the girl next door, who might be 11 years old, to come and care for your child with special needs, and still charges near $10/hr. Ridiculous. The families have way more expenses than average families and babysitting fees are not going to help.	Feb 3, 2011 10:59 PM
474	Based upon recommendation by the regional center coordinator in conjuction with the family of the consumer.	Feb 3, 2011 11:01 PM
475	As currently set.	Feb 3, 2011 11:14 PM
476	As often as needed by families. Consideration should be taken into the severity of the disability of the child or children (eg. more hours for severely disable children).	Feb 3, 2011 11:25 PM
477	Use current determination system	Feb 3, 2011 11:36 PM
478	It should be available to them as often as they need it. If it's once a week, a month, etc. They need the break to take care of themselves so they can be there fully for their family member in need.	Feb 3, 2011 11:41 PM
479	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 3, 2011 11:47 PM
480	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 12:08 AM
481	6 months out of a year. Make a yearly contract with so many hours. Can't exceed hours if used up early in the year.	Feb 4, 2011 12:32 AM
482	keep the status quo	Feb 4, 2011 12:33 AM
483	depends on the disability of the child	Feb 4, 2011 12:52 AM
484	I think this depends on the individual situation. As the disabled are able to provide more care for themselves (if that is possible in some cases) then respite should be adjusted accordingly. Some households will need much more respite due to circumstances and as a person grows older then the Out of Home respite might take the place of the school environment for offering a safe setting for the disabled individual to be during the day.	Feb 4, 2011 12:58 AM
485	depends on the individual and family situation	Feb 4, 2011 1:00 AM
486	3 or 4 times per week for 4-5 hours	Feb 4, 2011 1:24 AM
487	The service should be provided from 2-5 days a week, depending on the needs of the family. Also it should not exceed a maximum of 40 hours a week.	Feb 4, 2011 1:41 AM
488	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 1:58 AM
489	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:09 AM
490	Depending on the intensity of the disability, parents should be given this service on a monthly basis.	Feb 4, 2011 2:10 AM
491	It is based on the family situation and needs.	Feb 4, 2011 2:15 AM
492	Vouchers, direct vendorization of places, parent-as-vendor	Feb 4, 2011 2:47 AM
493	Services should be provided daily with a minimum of 2 hours per weekday and longer on weekends.	Feb 4, 2011 2:50 AM
494	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 2:51 AM
495	vendor would contact the respite provider and pay them a daily rate for respite.	Feb 4, 2011 2:59 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
496	Hours depend on the need such as more help if needed so provide able to work and support the family. Otherwise, 8-16 hours a month is sufficient for most cases to provide help when need to run errands or other duties and no other resources to provide care for the disabled child.	Feb 4, 2011 3:05 AM
497	It should depend the availability of the time to maintain healthy life.	Feb 4, 2011 3:29 AM
498	As set up b ALTA now. Monthly allowance for each client.	Feb 4, 2011 3:38 AM
499	Respite care providers can join together at a local site and relieve the parent, while allowing the child to socialize with others/	Feb 4, 2011 3:45 AM
500	This varies so much, and is best left to the IPP team as described in the Lanterman Act. My son, and the rest of the family, benefit from in home respite, and out of home respite such as Via West in Santa Clara County.	Feb 4, 2011 3:55 AM
501	As often as needed.	Feb 4, 2011 4:03 AM
502	Through licensed service like UCP	Feb 4, 2011 4:08 AM
503	Respite services should be offered at least for 40 hours a month. It does depend on the disability and how much time the family members put in to care for their family member. It is terribly needed to give the family members a life outside of constant care which may produce stress.	Feb 4, 2011 4:12 AM
504	At least 20 hours per week	Feb 4, 2011 4:13 AM
505	1-2 times per month to allow parents to be involved with their other children's activities. Also time for parents to be together away from the children to remain strong as a couple, which in the long run benefits the consumer.	Feb 4, 2011 4:29 AM
506	Depends on the severity. A minimum of 20 hours a month	Feb 4, 2011 4:41 AM
507	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 4:59 AM
508	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:09 AM
509	This is very dependent upon the individual and their family members.Therefore, there should be a great deal of flexibility in the determination of standards. The IPP team should be the determining factor to encourage the best service at various stages in a person's life.	Feb 4, 2011 5:18 AM
510	AS often as needed!	Feb 4, 2011 5:30 AM
511	2 hours a week	Feb 4, 2011 5:38 AM
512	Case to case basis.	Feb 4, 2011 5:39 AM
513	Need to be determined in IPP mtg., with parent input given priority.	Feb 4, 2011 5:53 AM
514	At least a day a week.	Feb 4, 2011 6:01 AM
515	Depending on the medical and behavioral requirements of the client. With consideration of the quantifiable demands that the client places on the family/caregiver.	Feb 4, 2011 6:11 AM
516	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:53 AM
517	At least once per month, severe a min of two times per month	Feb 4, 2011 7:29 AM
518	356 days	Feb 4, 2011 7:33 AM
519	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:46 AM
520	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 3:21 PM
521	Service worker and family work together to decide	Feb 4, 2011 4:53 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
522	Same as previous section	Feb 4, 2011 4:56 PM
523	N/A	Feb 4, 2011 5:02 PM
524	As often as the IPP team determines is necessary for improvement as described in the Lanterman Act	Feb 4, 2011 5:15 PM
525	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:21 PM
526	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 5:47 PM
527	This should be an individual question to be addressed by the IPP/IFSP team. For example, I have 2 sons who are consumers. My husband is out of town most of the time. Setting an arbitrary amount of hours or a cap on hours may be ok for a traditional family with a husband who is home most/all night, but when my husband is gone for 10 days straight, home for a couple of days, and then gone again, I may need more hours in order to do simple things like go to the grocery store, go to an appt, take a break, or take one son to an appt without the other.	Feb 4, 2011 5:54 PM
528	Respite should be available for at least 32 hours a year.	Feb 4, 2011 5:58 PM
529	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 6:15 PM
530	A standardized assessment should be used to determine the number of hours of respite.	Feb 4, 2011 6:23 PM
531	at least one hour per week.	Feb 4, 2011 6:41 PM
532	The process that the county uses now is sufficient where an assessment is done in the home and a certain number of hours is awarded every three months.	Feb 4, 2011 6:56 PM
533	Care should be provided monthly to the qualifying families for parents only and again monthly for parents to spend time with siblings for a special outing.	Feb 4, 2011 7:02 PM
534	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 7:13 PM
535	The same as previous #2.	Feb 4, 2011 7:22 PM
536	Based on need	Feb 4, 2011 7:45 PM
537	as needed	Feb 4, 2011 7:46 PM
538	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 7:56 PM
539	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 8:16 PM
540	It should be looked at as a case per case basis. I know of parents who receive as many hours as I do and they don't work. I work 40 hours a week and get about 3.5 hours a week of respite, I have two children so even by having respite for one , i still don't have the time to "take a break" from it all. It's very hard to work fulltime and being constantly in therapies, clinics, trainings and with two children while never having time for yourself. If both parents work fulltime , there should be more hours granted of respite so that the family can actually take a break and that all children are taken into the respite. 5 hours per week would be great so at least one day per week I could take a nap, see a movie, do my nails, go grocery shopping without the kids, go for a walk by myself, be with adults, etc, etc. Just the simple things that every woman takes for granted and that a special needs mom just sees as a luxury.	Feb 4, 2011 8:25 PM
541	no specific times...as long as the persons needs are met	Feb 4, 2011 8:36 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
542	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 8:43 PM
543	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:00 PM
544	This depends on nature of situation and should be on an as-needed basis. Be transparent regarding the rules/criteria for assigning respite hours. Quarterly amounts are good. I think that parent outcry about not-enough-respite might be addressed with the self-determination program. It would be so good to have them thankful that they are getting some assistance, rather than that so-and-so's CPC gave them more of respite or other services -- which causes the focus to become perceived unfairness rather than support.Day Programs need to be daily.	Feb 4, 2011 9:16 PM
545	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 9:22 PM
546	determined case by case and severity of the disability, financial ability of the parent.	Feb 4, 2011 9:28 PM
547	Weekly and/or Daily	Feb 4, 2011 9:39 PM
548	S/B on a case by case basis, with a max of 30 hours a month.	Feb 4, 2011 9:44 PM
549	As often as the IPP team determines necessary as described in The Lanterman Act section 4646.5 (a) (4)	Feb 4, 2011 9:56 PM
550	How often depends on the extent of services needed. A minimum of 50 hours per month should be available.	Feb 4, 2011 10:15 PM
551	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:15 PM
552	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 4, 2011 10:27 PM
553	Services should be provided for families to the extent needed, and periodic service reviews are appropriate as situations change over time. Each case/family requires a different level/type of support. Often families report being told "this is all that is available" which is not an appropriate response when a family is in crisis. Families in crisis require greater levels of support and Regional Centers should conduct a needs assessment and develop a plan with a family when a family is requesting additional support. Regional Centers should cultivate vendors to provide out of home respite as there is an increasing need for this support and currently many families are told it is not available as there are not enough providers.	Feb 4, 2011 10:37 PM
554	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 10:41 PM
555	The hours should be determined by the IPP team on an individual basis based on the Lanterman Act.	Feb 4, 2011 10:43 PM
556	Only when there is a proven need.	Feb 4, 2011 10:44 PM
557	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 10:49 PM
558	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 4, 2011 11:20 PM
559	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 4, 2011 11:24 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
560	It should be based on the family. The serverity of the disability and the stress that the caregiver is under. Cargivers who have more than one child to take care of should get more time.	Feb 4, 2011 11:27 PM
561	Annual respite amounts.	Feb 4, 2011 11:28 PM
562	2 hrs/week	Feb 4, 2011 11:44 PM
563	This should vary depending on how extensive and severe the consumer's need for care. This would vary according to the number of parents in the home and the age of the caretakers.	Feb 4, 2011 11:48 PM
564	90 hour cap on hours per quarter. No matter what. No exceptions.	Feb 4, 2011 11:53 PM
565	4 hours a month	Feb 5, 2011 12:15 AM
566	A certain number of hours monthly.	Feb 5, 2011 12:28 AM
567	Respite should be provided for up to 40 hours a month. Respite keeps caregivers sane!	Feb 5, 2011 12:29 AM
568	IPP team determines frequency of service. Lanterman Act 4646	Feb 5, 2011 12:35 AM
569	Keep current standards in place.	Feb 5, 2011 12:45 AM
570	As often as the Individual Program Plan (IPP) team determines is necessary, as described in The Lanterman Act Section 4646.5(a)(4).	Feb 5, 2011 12:47 AM
571	same	Feb 5, 2011 1:33 AM
572	daily.	Feb 5, 2011 1:47 AM
573	In home respite should not exceed 90 hours per quarter.	Feb 5, 2011 2:12 AM
574	Respite, parent training.	Feb 5, 2011 3:43 AM
575	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 4:01 AM
576	Once per week	Feb 5, 2011 4:10 AM
577	Minimum of 10-14 hours per week to be used as needed by the family. Services could be provided 2 hours daily or 3 hours times a week, etc.	Feb 5, 2011 4:21 AM
578	Depending on severity of needs, up to 3 days per month	Feb 5, 2011 4:33 AM
579	Limit the number of hours families get now so help save money.	Feb 5, 2011 4:58 AM
580	Respite care is very important to the well-being and state of mind for the parent of a child with a disability. This service should have enough funding to provide all parents of children with disabilities to receive hours to give them time away. Being a parent of a child with a disability is very stressful and trying. It is necessary to have a break in order to come back refreshed and ready to take it on again.	Feb 5, 2011 5:46 AM
581	This must be individualized as the intensity of caring for these children varies according to their diagnoses and level of function. Some parents should have daily respite because the behaviors and medical demands of their children are so profound.	Feb 5, 2011 6:01 AM
582	2 days/week	Feb 5, 2011 6:01 AM
583	Respite should be provided on an individual basis based on the specific needs of each individual and the people who care for them.	Feb 5, 2011 6:56 AM
584	As determined by the IPP.	Feb 5, 2011 6:57 AM
585	Based on family needs.	Feb 5, 2011 8:07 AM
586	As often as the IPP team determines is necessary, as described in The Lanterman Act.	Feb 5, 2011 2:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
587	Service should be provided as often as the families with disabilities need help, and should be decided by the IPP team. Parents input is very important in this regard. Number of hours provided must be proportional to the number of children in the family.	Feb 5, 2011 3:57 PM
588	Whenever it is necessary.	Feb 5, 2011 4:12 PM
589	Individually based per families needs.	Feb 5, 2011 4:24 PM
590	Respite should be one or two weeks a year, like people get vacation once a year.	Feb 5, 2011 4:41 PM
591	Provide what is determined to be necessary without giving too much!	Feb 5, 2011 5:07 PM
592	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 5:31 PM
593	Regional's current offering of family or organization respite are good as currently offered.	Feb 5, 2011 6:32 PM
594	same as first set	Feb 5, 2011 6:41 PM
595	The parent should be offered a monetary voucher to select the respite provider program of their choice. It is my impression that a large portion of each dollar that is paid to vendors goes to administrative costs and then a portion to pay the respite provider. As a parent, if I could be given a voucher to hire individuals who are "CERTIFIED RESPITE PROVIDERS" and pay those individuals directly with my voucher. That way I could chose different providers from different agencies if I would like. I could have more flexibility about how I use the hours if the voucher could be given at the beginning of the year for the entire year.	Feb 5, 2011 8:24 PM
596	I oppose POS standards. Please refer to the Lanterman Act section 4646.5 (a) (4).	Feb 5, 2011 9:06 PM
597	Parents should be monitored or having support at least 1-2 times per month.	Feb 5, 2011 10:10 PM
598	Autism is the highest area of respite/behavior problems	Feb 5, 2011 10:20 PM
599	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 5, 2011 10:59 PM
600	As often as the IPP Team determines necessary, per The Lanterman Act, Section 4646.5 (a) (4).	Feb 5, 2011 11:43 PM
601	once a year	Feb 5, 2011 11:57 PM
602	Here at Alegria CL, we have great transportation for our clients	Feb 6, 2011 12:08 AM
603	It's difficult to say some families are severely affected by their love being disable.Most families feel nobody understands them. Parents need a break to be able to provide for their child's need. At least 6-10 hours aweek.	Feb 6, 2011 12:38 AM
604	again, this has to take into consideration how much time is the consumer with only one caregiver, and how much care the consumer represents for the caregiver, the more demanding the more respite is needed, example a full time caregiver of a severely developmentally disabled consumer should get a a minimum of 72 hours a month a caregiver of a high functioning consumer (toilet trained, can feed themself) 12 hours minimim a month	Feb 6, 2011 2:42 AM
605	Very family dependent, however there should be guidelines	Feb 6, 2011 3:04 AM
606	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team must retain the ability to determine how often the services and supports needed by the consumer should be provided.	Feb 6, 2011 5:57 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
607	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 6:07 AM
608	At least some small weekly amount of time that allows the caregiver small breaks to maintain health, mental health, and take care of other things they need to do.	Feb 6, 2011 6:46 AM
609	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 4:40 PM
610	Daily.	Feb 6, 2011 5:14 PM
611	Provide parents and care giver with respite so that they too can take time off.	Feb 6, 2011 6:01 PM
612	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 6:51 PM
613	minimum for 40hours per month.	Feb 6, 2011 8:09 PM
614	Monthly.	Feb 6, 2011 8:15 PM
615	Personally, cutting respite hours has made my life incredibly difficult. I believe 40-50 hours per month is necessary if you have a very demanding child. Single parents need more respite than two parent households. There should also be off-site weekend respite services in every county so you can get a weekend break once or twice a year at a minimum. I was never able to find this.	Feb 6, 2011 9:02 PM
616	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 6, 2011 11:02 PM
617	Depends upon level of care needed.	Feb 6, 2011 11:06 PM
618	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 5:16 AM
619	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 6:46 AM
620	once a week	Feb 7, 2011 7:38 AM
621	NO LESS than 24 hours a month	Feb 7, 2011 8:06 AM
622	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 2:48 PM
623	The IPP team should determine the need and frequency, per The Lanterman Act.	Feb 7, 2011 3:37 PM
624	No changes	Feb 7, 2011 4:32 PM
625	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 7, 2011 5:47 PM
626	As often as the IPP team determines is necessary, as described in the Lanterman Act section 4646.5 (a) (4).	Feb 7, 2011 6:23 PM
627	I prefer to be given a certain number of hourse, to be used when I need the break.....which is often.	Feb 7, 2011 6:23 PM
628	10-20 hours per week.	Feb 7, 2011 6:26 PM
629	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 7:54 PM
630	Our respite began with 96 hours per three months. We manage those hours with close attention. They were cut to 90 hours per three months and we continued to use the service and manage the hours. I would support another reduction in hours per quarter to allow that everyone still has respite hours. I will forcefully defend having the services and never support a complete cut of all respite services. 60 hours per three months.	Feb 7, 2011 8:31 PM
631	How often these services are provided should be flexible depending upon the needs of the individual clients/client families. Generally 24-30 hrs./month is a reasonable and required amount of time.	Feb 7, 2011 8:39 PM
632	Daily	Feb 7, 2011 9:29 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
633	20-30 hours per month	Feb 7, 2011 9:32 PM
634	as much as a family requires to keep a child in their home	Feb 7, 2011 10:09 PM
635	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 7, 2011 10:10 PM
636	day care- based on parent actual work schedule.	Feb 7, 2011 10:45 PM
637	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
638	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
639	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646.5 (a)(4). Current maximum hours for respite are very low compared to most families' actual needs and should be increased rather than cut further. Exceptions to any stated limits should be much more easily accessible to overtaxed, overwhelmed families.	Feb 7, 2011 11:24 PM
640	Individuals should be allowed at least 12 hours a month or more respite care. The severally disabled should get at least 24 hours a month.	Feb 8, 2011 1:05 AM
641	Per respite worksheet, the amount of respite allotted per individual consumer is assessed and established; however, no consumer is provided over 90hrs per quarter. If a family finds this to not be enough they have the right to request more hours; however, due to recent changes in the bill, we are required to provide the family a Notice of Action officiallly denying the request, at which the family is then provided the right to appeal in front of a Judge.	Feb 8, 2011 1:09 AM
642	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 8, 2011 1:14 AM
643	List of individuals with experience as a resource. Also, agency screened individuals. Family members or relatives can act in role of respite worker too.	Feb 8, 2011 1:31 AM
644	Maybe once per month	Feb 8, 2011 2:00 AM
645	A group setting with corresponding ages and abilities would be best.	Feb 8, 2011 2:22 AM
646	specified number of hours per week for a specific total monthly in case the family wants to average their respite hours into one session to complete somethign inparticular	Feb 8, 2011 2:23 AM
647	three times a week	Feb 8, 2011 2:23 AM
648	Minimum of 180 hours a year, to a maximum of 8 hours per day. Depends upon how disabled the child is. If the child requires 24 hour care, 8 hours per day...if the child requires less care...a minimim of 180 hours per year.	Feb 8, 2011 3:17 AM
649	Of course, I would love to have more than 33 hours per quarter, but we are still happy to receive what we DO get.	Feb 8, 2011 3:48 AM
650	Parent training-As often as the parent feels they need it.	Feb 8, 2011 3:50 AM
651	As needed based upon individual need	Feb 8, 2011 3:57 AM
652	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:19 AM
653	It would be helpful if the State and the regional center would give those of us who have our adult children at home the same priority that the care homes and the supported living folks seem to get.	Feb 8, 2011 4:39 AM
654	Either by an agency or personal friend/relative.	Feb 8, 2011 4:42 AM
655	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:37 AM
656	Minimum 20 hours / month.	Feb 8, 2011 5:38 AM
657	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 6:11 AM
658	As often as necessary.	Feb 8, 2011 6:17 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
659	What are the current standards?	Feb 8, 2011 6:32 AM
660	These service is very important and again, it should be provided as often as needed.	Feb 8, 2011 7:10 AM
661	If a child is receiving center based autism treatment services, this should be considered a form of respite as well... especially if the parent is a stay at home parent and takes a child to the center. An adult day class should also be considered a form of respite if the caregiver doesn't work. Additional respite should be considered if a caregiver provides proof of employment or disability as a reason for the center based services.	Feb 8, 2011 9:02 AM
662	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 3:42 PM
663	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 4:28 PM
664	No one should ever require more than 24 hrs a month to be away from their own child. I think that is a sufficient break that other parents do not receive. Example- it equates to 3 8 hour Saturdays a month away from your child when you rarely see them during the week due to school, day program, day care, behaviorists, etc. So- seeing your child on Sundays is what you need a break from ?	Feb 8, 2011 4:49 PM
665	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:52 PM
666	people are looking for jobs.....train people interested in working with child/adults with disabilities	Feb 8, 2011 5:53 PM
667	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 5:54 PM
668	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 6:05 PM
669	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 7:58 PM
670	Please do NOT decrease the hours per month. Especially for working parents, a decrease could cause loss of jobs and impact budgets even more.	Feb 8, 2011 7:59 PM
671	One week of summer camp per year funded through DDS. Three weeks of respite each year for each child with special needs in a family.	Feb 8, 2011 8:54 PM
672	Like severe multiple disability teenager or adult, should have at least 25 hours per week respite. Severe multiple disability young children, should have at least 10 hours per week respite. Very very severe Autism teenager or adult, they should have at least 25 hours respite per week. Very very severe Autism young children, they should have at least 10 hours respite per week. Less severe disable / Autism teenager or adult, should have Max of 5 hours per week from GGRC. All Minor Disable and Minor Autism person any age, should not get any respite hours from GGRC.	Feb 8, 2011 9:01 PM
673	Should be provided on as needed basis.	Feb 8, 2011 9:01 PM
674	Depends on each individual's needs; but may need to be limited to save on costs.	Feb 8, 2011 9:02 PM
675	As often as the care provider may need.	Feb 8, 2011 9:12 PM
676	to the low income peapole	Feb 8, 2011 9:30 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
677	2x wkly for respite 1x wkly for opther services	Feb 8, 2011 9:31 PM
678	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 9:39 PM
679	The hours should go back to the original quarterly system, whereby caretakers can save hours to take one longer respite period, or if they prefer, to be broken down into smaller increments. It really shouldn't matter as the cost is identical. Unfortunately, Regional Center changed respite to a monthly system rather than a quarterly system. This really impacts us as we like to accumulate hours and use them in a larger block than we are able to do on a monthly system.	Feb 8, 2011 9:51 PM
680	based on need.	Feb 8, 2011 9:53 PM
681	as is	Feb 8, 2011 10:10 PM
682	24 hours per month	Feb 8, 2011 10:23 PM
683	Day care services are for every day when the parent/family member is at work and the child needs to be cared for. Respite care is once or twice a month, whatever is needed to give the family time off from care of the child.	Feb 8, 2011 10:47 PM
684	Respite should not be authorized for families receiving IHSS-protective supervision, since using some of the hours authorized can be switched off to use as respite. More detail on what an Exemption looks like should be provided in the new TBL. Respite should only be granted when the family is in need of an actual break, not a 1:1.	Feb 8, 2011 11:20 PM
685	As needed	Feb 8, 2011 11:22 PM
686	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 8, 2011 11:57 PM
687	As often as the team thinks is necessary.	Feb 9, 2011 12:18 AM
688	It should be base own personal evalution of the whole family or family situation.	Feb 9, 2011 12:52 AM
689	As much as possible, center based which is more economical.	Feb 9, 2011 12:58 AM
690	Answer: As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:29 AM
691	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 1:30 AM
692	There should be no limit in the amount of times a service is requested, as long as it can be beneficial to the consumer and caregiver.	Feb 9, 2011 1:39 AM
693	same	Feb 9, 2011 2:28 AM
694	As often as needed	Feb 9, 2011 3:26 AM
695	24 hours per month	Feb 9, 2011 3:45 AM
696	25 hours a month or more if need be.	Feb 9, 2011 4:18 AM
697	A certain number of hours per month should be provided depending on the severity of the disabled consumer.	Feb 9, 2011 5:31 AM
698	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 9, 2011 5:43 AM
699	whatever is needed	Feb 9, 2011 6:15 AM
700	Depending on the child's level of behavior, the parents level of "What THEY can handle"...the needs may be incredibly more for some than others. No restrictions should be put on how often, but rather "They use it as NEEDED".	Feb 9, 2011 7:22 AM
701	Few hrs a month...not 40!	Feb 9, 2011 8:55 AM
702	Up to 10 hours/week.	Feb 9, 2011 4:00 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
703	For my case, since we can't get all the hours given to us via the In-Home Support, we reply 60% on respite hours on a daily basis.	Feb 9, 2011 4:03 PM
704	See above (A).	Feb 9, 2011 5:38 PM
705	agency to oversee the service. family to be assesssed to determine need and amount of time.	Feb 9, 2011 7:09 PM
706	Regional Center should establish standard based on research	Feb 9, 2011 7:24 PM
707	On an as needed basis.	Feb 9, 2011 7:44 PM
708	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 7:59 PM
709	More than the current 16 hours a month.	Feb 9, 2011 9:06 PM
710	These services should also be provided as often as the IPP team recommends	Feb 9, 2011 9:18 PM
711	First, implement the Self-Directed Services Program! At the annual IPP meeting decide if/how these services are needed, who will pay (contributions by client and family should be made when possible,) and whom shall provide them. The client should choose who they want to provide the service for them, as they will be working with them directly, (unless it's parent training.)	Feb 9, 2011 9:35 PM
712	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 9:50 PM
713	I know that doctors and other "specialists" are not supposed to be on the regional center payroll. They are supposed to be contracted and paid for NOT ON THE PAYROLL.	Feb 9, 2011 9:50 PM
714	five times a week	Feb 9, 2011 9:56 PM
715	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:09 PM
716	weekly if family meets need requirements	Feb 9, 2011 10:18 PM
717	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:44 PM
718	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 9, 2011 10:54 PM
719	The service should be provided on as needed basis, and criteria set forth for the child's/adult disability, family situation, and sevices already in place for the family. For example do they have In Home Supportive Services.	Feb 9, 2011 11:21 PM
720	On a case by case basis.	Feb 9, 2011 11:35 PM
721	same as currently available	Feb 9, 2011 11:40 PM
722	Parents need more than the 21 days offered presently. Number of days should be increased to 40 days per year.	Feb 9, 2011 11:48 PM
723	As per the IPP	Feb 10, 2011 12:04 AM
724	Community development of parent cooperative babysitting services, where families could bank and use babysitting from other parents.	Feb 10, 2011 12:24 AM
725	Number of hours should be based on a number of things. 1) Level of disability 2) Level of behavior 3) Number of children also in the home 4) Level of support from friends or family near by	Feb 10, 2011 12:38 AM
726	2 weeks interval times 2 times in a year	Feb 10, 2011 12:53 AM
727	This depends on the degree of care that is required by the disability and/or behavior problems of the consumer and the ability of the family to provide the care needed.	Feb 10, 2011 1:04 AM
728	at least one weekend a month. otherwise more if they are working a job.	Feb 10, 2011 3:35 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
729	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 8:10 PM
730	at least 2 hours a day	Feb 10, 2011 8:42 PM
731	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 9:34 PM
732	Follow the ciriteria lisited , in the present service standard.	Feb 10, 2011 9:49 PM
733	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 10, 2011 10:04 PM
734	Should be based on need as well as the severity of the disability.	Feb 10, 2011 10:32 PM
735	Respite location should be the choice of foster care parent. It should be allowed for any foster child and not determined by location of of foster or birth parent. In other words, a San Mateo Co. foster parent should be eligible for respite even if the child is a San Francisco placement.	Feb 10, 2011 10:33 PM
736	Not more than 40 hours per month.	Feb 10, 2011 11:36 PM
737	As much as needed for the consumer. Case by Case basis	Feb 10, 2011 11:49 PM
738	This may well be the most important service provided by Regional Center. It is documented that caregiving of disabled persons place incredible stress not only on the caregiver, but their families. A minimum of 20 hours per month should be standard in order for parents/caregivers to maintain a standard of care necessary to support their client.	Feb 11, 2011 12:18 AM
739	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 12:28 AM
740	At least half a day bi-weekly	Feb 11, 2011 12:44 AM
741	The services should be based on need (especially for Consumers who have a lot of medical or behavioral needs), age of the Consumer, family support, family size, and income of the parents.	Feb 11, 2011 1:26 AM
742	As often as needed. I think the family should set the standard as opposed to the other way around. Nobody should have to beg for a sanity break, or to do things they need to do to take care of their family. Some things need to be done without having to bring a special needs child along.....I also thing special supports should be offered on top of respite, like gift certificates for date nites, moms nite out...maybe Regional Center can partner with certain venues to provide these benefits and perks	Feb 11, 2011 1:30 AM
743	Do not fund respite parents should pay for a baby sitter like any other parent ofra break in care. If the child is over 15 yrs. old than fund respite 1 x weekly for a maximum of 3 hours. No appeals. Fund group care that allows a young adult to socialize as respite.	Feb 11, 2011 2:39 AM
744	30-60hours per month	Feb 11, 2011 3:08 AM
745	The specific service should be provided to the specific individual as often as the IPP team had determined to be necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 3:25 AM
746	depends on the involvement of the person and the economic status of the family.	Feb 11, 2011 3:44 AM
747	Yes, there should be a standard amount of service per month that might be available depending on the child's disability and need for direct care and supervision.	Feb 11, 2011 4:51 AM
748	To prevent parents from killing their child.	Feb 11, 2011 4:53 AM
749	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:12 AM
750	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 5:23 AM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
751	I just wish we could have some respite services back then. Any standard would be fine.	Feb 11, 2011 5:32 AM
752	It should be provided according to the standards of the costumer more need more services.	Feb 11, 2011 5:44 AM
753	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 5:46 AM
754	Weekly respite as a minimum.	Feb 11, 2011 6:14 AM
755	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 6:19 AM
756	Licensed profesional meet with and counsel the family. Check all possibilities and assess needs. Then have that licensed individual make recommendations for respite.	Feb 11, 2011 6:31 AM
757	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:36 AM
758	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 6:48 AM
759	As long as usage can be verified.	Feb 11, 2011 7:56 AM
760	As often as needed according to Regional Center Guidelines.	Feb 11, 2011 8:30 AM
761	It depends on the child and the family but at least a few hours per week per child.	Feb 11, 2011 1:09 PM
762	Respite is needed at least once a week for several hours to provide a break from the constant needs of consumers, and time to engage in activities that provide relief from stress.	Feb 11, 2011 4:26 PM
763	this should be offered at least once a year to parents	Feb 11, 2011 5:07 PM
764	As often as the IPP team determines is necessary	Feb 11, 2011 5:59 PM
765	reduce respite to a max. of 20 hrs/month. families can still take a break 1x/week for 5 hrs/week.	Feb 11, 2011 6:04 PM
766	At least 10 hours/week	Feb 11, 2011 6:13 PM
767	This should be left up to the family to decide how to use the service once approved. However I think we need to get rid of the parent vendor respite too much opportunity for fraud. Parent conversion is a much better way to monitor the use of this service.	Feb 11, 2011 6:33 PM
768	For the IPP team along with the person needing support to come up with a plan suitable for needed services. According to the Lanterman Act.	Feb 11, 2011 6:56 PM
769	The respite provider either come into the clients home so the parents can a respite time, or the client goes to the respite providers home. This is such an important part of our live to we can enjoy our daughter when we get back and not feed guility.	Feb 11, 2011 6:59 PM
770	Remain as they are. They have already been cut back.	Feb 11, 2011 7:02 PM
771	more available appointment time return phone calls	Feb 11, 2011 7:26 PM
772	Training should be as needed and advocacy provided when requested.	Feb 11, 2011 7:34 PM
773	Monthly, never more than 15 hours! There are community resources that bill Medical to provide care for client's who have physical and medical problems.	Feb 11, 2011 8:01 PM
774	as needed and justified	Feb 11, 2011 8:05 PM
775	I believe twice a week or more in and outside the home. Do something creative with the consumer.	Feb 11, 2011 8:11 PM
776	See comment under Behavioral Services	Feb 11, 2011 8:50 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
777	Parent training should be available once a year whether they are in-home or at a conference center.	Feb 11, 2011 9:30 PM
778	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 9:48 PM
779	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 11, 2011 9:49 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
780	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 9:49 PM
781	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 11, 2011 9:54 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
782	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 9:54 PM
783	Qualify Vendors	Feb 11, 2011 9:54 PM
784	depending on the consumers' need.	Feb 11, 2011 9:56 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
785	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 9:56 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
786	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 9:58 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
787	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:05 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
788	• When medication adjustment has caused increased seizure activity. b. When written reports document ongoing seizures/medication problems during the respite periods. c. A chronic medical condition resulting in GTT, Tracheotomy, IVs, insulin, deep suctioning, kidney dialysis or ventilator dependency exists. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:15 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
789	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:19 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
790	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:21 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
791	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:23 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
792	On in-home respite the maximum number of hours should be reduced to 24 hours a month. It should also be clarified if a family has more than 1 disabled child in the home that respite for the family should be capped at 30 hours a month. Otherwise you might be funding for 24 hours a month respite for 5 different children, totalling 120 hours a month! Also, it should be specified that respite is use it or loose it and unused hours cannot be carried over into the following month. This only creates an accounting nightmare for both vendors and regional centers. Out of home respite should be for 30 days and it should be specified whether this would be in addition to the in-home respite, or as part of the allowed respite. I would recommend that if 30 days is used that that month's respite is forfieted, but it should not wipe out the respite allowed during other months. So perhaps it could be stated that the in-home respite can only be affected for the month out of home respite is being provided. If day programs are to provide "extended day services" then it should be limited lcare where they cannot be there for more than a 9 hour period. If regional centers were to get into the child care/after school care/vacation care business again, then it would get very difficult to identify who would qualify and who wouldn't qualify. Perhaps what might be a more effective method it to have specific social skills programs that provide different levels of skill building for children. This would have to be run in the same way as an ABA program, but it would be focused on social skill aquisition using proven, evidence based ABA techniques.	Feb 11, 2011 10:32 PM
793	4 to 24 hours per month depending on the needs of the individual child.	Feb 11, 2011 10:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
794	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:39 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
795	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 10:44 PM
796	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 11, 2011 10:45 PM
797	Determined by health care provider and case coordinator	Feb 11, 2011 10:55 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
798	Depending on how severe the disability is. More hours for more severe disabilities.	Feb 11, 2011 10:58 PM
799	As long as the parent or care provider pay for it , they can use it as they see fit, as long as it is an approved and licensed facility.	Feb 11, 2011 11:01 PM
800	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 11:01 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
801	at least 20 hours a week,.	Feb 11, 2011 11:11 PM
802	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 11, 2011 11:35 PM
803	Determined on a case by case basis	Feb 11, 2011 11:44 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
804	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 12, 2011 12:03 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
805	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 12, 2011 12:19 AM
806	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 1:20 AM
807	based on the severity of the disability	Feb 12, 2011 1:47 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
808	I don't believe this service can be standardized as every family has differnet needs	Feb 12, 2011 2:46 AM
809	I think it is an individual case and should be determined by the IPP team. My daughter gets 6 hours a month and she cherishes that time.	Feb 12, 2011 2:50 AM
810	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 3:41 AM
811	Every case should be based on specific needs and assesments should not be based on size fits all.	Feb 12, 2011 3:47 AM
812	At least once a week for four hours.	Feb 12, 2011 4:05 AM
813	starting with 16 hours per month and more as needed by the specific consumer's family needs.	Feb 12, 2011 4:14 AM
814	Number of hours should be based on how severe the customer is, living situation at home such as single parent home, parents having martial problems, how many siblings customer has etc.....	Feb 12, 2011 5:08 AM
815	weekly	Feb 12, 2011 6:00 AM
816	Number of hours given s/b depend on the severity of the client based on behavior.	Feb 12, 2011 6:22 AM
817	See previous answers.	Feb 12, 2011 6:30 AM
818	Minimum 24 hours a month.	Feb 12, 2011 6:30 AM
819	Sam e as above.	Feb 12, 2011 6:50 AM
820	As needed.	Feb 12, 2011 6:55 AM
821	No requirements that hours be used within a quarter. They should float. Real life happens that way. People will most likely use respite to patch in where there are lapses in service of day care ie, spring break for kids from program, summer break when summer session is over and before program starts again in fall (2 weeks lapse). One week between Christmas and New Year, these are times when working parents are likely to use respite even though the philosophy is to get a break. It's most stressful during the lapse times in day programs for working parents who can't take time off.	Feb 12, 2011 8:08 AM
822	weekly	Feb 12, 2011 1:57 PM
823	Ssuch trainings as listed above should be a requirement prior to obtaining any ABA services, especially intensive services.	Feb 12, 2011 2:16 PM
824	One day weekly	Feb 12, 2011 3:30 PM
825	As often as needed.	Feb 12, 2011 4:07 PM
826	At a minimum, this should be provided on a monthly basis, but weekly would be ideal.	Feb 12, 2011 4:28 PM
827	Right now we get 144 hours respite time per year BUT with the prices going up that ends to be less than 2 weeks. We use my sons respite time with the YMCA and it was, several years ago, equal to 3 full weeks. Now we are lucky if we get 2 short weeks. I am grateful for any time we get respite but i think with the increase in costs our 144 hours should be worth more than they now are. I am a past Residential Serives Specialist. My son, was one of my many clients and I looked forward to ahving at the least 2 FULL weeks respite every year. Now we get maybe 2- 5 day weeks.	Feb 12, 2011 4:44 PM
828	Their should be a bi-annual or annual allotment of hours given and then the family decides how best they want to use the hours.	Feb 12, 2011 4:46 PM
829	A set number of hours 7 days a week for a specified number of hours a month.	Feb 12, 2011 4:51 PM
830	as evaluated by the service worker & parents	Feb 12, 2011 5:10 PM
831	I believe a relative (grandparent or uncle) should be able to provide respite for a family and receive compensation.	Feb 12, 2011 5:13 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
832	Quite often. Atleast 6 hours a week. The break should be enough to let the parents get to a service and drive back and have some time to themselves.	Feb 12, 2011 5:25 PM
833	At least twice a month, but this can depend upon the severity of the disability and how much additional help the caregiver has in terms of school and behavioral services.	Feb 12, 2011 5:55 PM
834	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:13 PM
835	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 6:25 PM
836	24 hours per month minimum with increases needing to be justified by parent and or provider based on circumstances of the individual.	Feb 12, 2011 6:30 PM
837	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 7:16 PM
838	1-2 4 hour sessions a week.	Feb 12, 2011 7:22 PM
839	Parents of adults with dissabilities also need a break and they should be allocated some hours for this purpose. Parents of adults are sometimes senior citizens that need a break.	Feb 12, 2011 7:24 PM
840	Depends on the family and their leval of support from friends and other family members.	Feb 12, 2011 7:26 PM
841	Should be tailored to the individuals needs.	Feb 12, 2011 7:37 PM
842	I cannot adequately respond to this question due to the variety of needs of individuals on the Spectrum.	Feb 12, 2011 8:26 PM
843	A reasonable amount of service time should be allowed weekly.	Feb 12, 2011 8:29 PM
844	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 12, 2011 8:32 PM
845	depending on the situation and age of the individual	Feb 12, 2011 8:33 PM
846	simplify the forms-too time consuming and sometimes confusing	Feb 12, 2011 8:44 PM
847	monthly	Feb 12, 2011 9:06 PM
848	At least once a year, if not twice, for longer stretches of time. Throughout the year, wen the family member feels s/he needs assistance and a rest.	Feb 12, 2011 9:30 PM
849	As I wrote above, my the strongest suggestion is to increase as much as possible respite service, not decrease. Last service cut was from maximum respite service hours amount from 40 to 30 hours per per month. That means average only MAXIMUM ONE RESPITE HOUR PER DAY! This is incredible small amount! If you live day-per-day, month-per-month, year-per-year with disablekids, do you think, 1 hour per day respit is enough for total recovery? Again, I strongly recommend increase respit hours amount as much as possible.	Feb 12, 2011 10:02 PM
850	A minimum of 8 hours per month.	Feb 12, 2011 10:12 PM
851	As needed for parent to maintain daily living for a family (ie childcare to work, respite, parent training) advocacy if needed (such as with IEPs)	Feb 12, 2011 10:18 PM
852	No less than 40 hrs. per month	Feb 12, 2011 10:21 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
853	Respite should be provided on a regularly scheduled time table. Some families may wish to "bank" their respite hours in order to take an extended break (up to 1 week). In some cases, respite should utilize placements in residential care facilities. This type of respite could be termed therapeutic respite. During difficult transition periods, such as moving homes, loosing a parent, or birth of a sibling a client's behavior may become erratic and even dangerous. Placement in a residential facility that focuses on behavior change can be extremely beneficial for the long-term well-being of the client and family. It is critical that in these cases the family is willing to work with the facility in order make significant behavior change within a limited time frame. This type of respite could vary in duration from 1 week to 3 months.	Feb 12, 2011 10:22 PM
854	current method of vendorizing parents is good.	Feb 13, 2011 12:25 AM
855	never	Feb 13, 2011 12:40 AM
856	Multiple hours per week	Feb 13, 2011 1:20 AM
857	Limits for what can be billed monthly. Standardized for families with children with disabilities related to the spectrum.	Feb 13, 2011 1:51 AM
858	set by need--less hours for those in school or in a work program; more for infants and those out of school.	Feb 13, 2011 3:39 AM
859	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 3:48 AM
860	As much as they need	Feb 13, 2011 4:34 AM
861	As needed bases	Feb 13, 2011 5:12 AM
862	The services needed should be check if family really needs respite and why standard is on how the child benefits from the respite care.	Feb 13, 2011 5:40 AM
863	untill needed	Feb 13, 2011 6:10 AM
864	Depends on the status of the child	Feb 13, 2011 6:54 AM
865	As needed for that family.	Feb 13, 2011 7:03 AM
866	15 to 25 hours a month with 2x/year overnight respite.	Feb 13, 2011 8:11 AM
867	Same response or similar - you got the idea. We need to change the Standards and stop taking advantage of people who have need an opportunity of live life as they choose.	Feb 13, 2011 8:18 AM
868	Services can be provided in the home or community setting. Parents/Care Takers do not need to be present. Services should not be used for day care purposes.	Feb 13, 2011 8:27 AM
869	A few hours per month depending on the severity of the consumer's condition. Minimum is 4 hours per month, which can be used either all at once or be spreaded out over a few weeks. Hours can be accumulative every 3-month period. Number of hours are re-newed every 3 months.	Feb 13, 2011 10:36 AM
870	Be sure they are actually available, not just funded	Feb 13, 2011 1:53 PM
871	24/7	Feb 13, 2011 3:57 PM
872	at least once a month	Feb 13, 2011 4:41 PM
873	Currently, 21 hours per month is authorized, which is about half a day per week. Seems about right.	Feb 13, 2011 6:02 PM
874	Again, dependent on individual needs. In the extreme, a single, working parent without family would require more than a large family who could share the responsibility. Family income and expenses should also factor in.	Feb 13, 2011 6:32 PM
875	10 hours per individual with disabilities per month.	Feb 13, 2011 6:40 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
876	at least once a week	Feb 13, 2011 6:42 PM
877	keep the current standards	Feb 13, 2011 7:15 PM
878	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 13, 2011 7:18 PM
879	Should be trained to assist disabilities.	Feb 13, 2011 7:46 PM
880	To be determined on an individualized basis	Feb 13, 2011 8:11 PM
881	30 hours/ month	Feb 13, 2011 8:30 PM
882	No less than once a week depending on the need.	Feb 13, 2011 8:42 PM
883	Depends on the severity of the condition.	Feb 13, 2011 9:17 PM
884	Should be dependent upon the severity if the disability and the time commitment of the family to that disability and related care.	Feb 13, 2011 9:19 PM
885	it would depend on the consumer and what's needed. some individuals need more than others.	Feb 13, 2011 9:21 PM
886	A certain amount of hours set per month which can be used however needed by client. The amount of hours to be determined by Regional Center based on client's needs and availibility of funding.	Feb 13, 2011 9:26 PM
887	depends on the level of care needed for the person with a disability.	Feb 13, 2011 10:13 PM
888	2 X week if needed	Feb 13, 2011 10:22 PM
889	From a license provider or a family or friend who the client feels comfortable with.	Feb 14, 2011 12:09 AM
890	Determined by needs of caretaker/relative for their health, work or mental needs and needs of the DD person	Feb 14, 2011 12:19 AM
891	as per individual circumstance.	Feb 14, 2011 12:21 AM
892	This decision is appropriately made by the IPP team, based on the family constellation, family needs, particular needs of the child or adult with a developmental disability, school and/or work schedule, and wishes of the family.	Feb 14, 2011 1:23 AM
893	This should not be assigned a category and assigned hours based on where the family falls in some guide. Every family is diferent and each has different needs. Hours should be assigned based on needs, and totaled up based on needs. The current questionaire regarding hours is not detailed enough and needs to be broken down to truly show the need for assistance. And extenuating circumstances need to be accommodated appropriately (and not take years or months to get approved). We should be allowed to use our hours as needed for the family, including sibilings. If this is meant as respite for the parent, then we need the support include our family as a whole. We should not be forced to use or lose our hours. If I don't use my hours in January, I should be able to use them in July. I should be allowed to use the hours as I chose. The current system is flawed and too regulated and strict with requirements (at least it is at our Regional Center, I've heard that other Regional Centers have different requirements). A standard if there is to be one, should be universal for all Regional Center clients, not vary from Regional Center.	Feb 14, 2011 1:58 AM
894	Respite is needed if the situation is more intense. 24 hour a day care is draining. Once a month for some care givers would not be too much (it might the least amount that they can function with).	Feb 14, 2011 1:58 AM
895	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 2:01 AM
896	Measured and evaluated annually.	Feb 14, 2011 2:48 AM
897	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 3:28 AM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
898	As often as the IPP team determines is necessary. That means MORE often than is now the case, since last year's cuts to respite hours left many families sadly lacking and overburdened. Families who cannot get time off from caring for their loved ones with developmental disabilities may not be able to keep them at home - placing someone in an institution will cost much much more to the state. These cuts will cost more money in the long run, break up families, cause regression in some cases and break people's hearts	Feb 14, 2011 3:47 AM
899	30 to 40 hours per month.	Feb 14, 2011 4:48 AM
900	Perhaps the communication is improved, but the families must be made aware of the availability of respite.	Feb 14, 2011 4:50 AM
901	Due tot he cuts in the budget our family was informed that we cannot receive more an 20 units per months at $10 per unit. The market rate for a nanny is $15 and $200 buys us about 15 hrs if a break per month, which is a drop of relief in the bucket of despair, I would offer families at least 40 hours of respit and the more severely disabled the child, the more.	Feb 14, 2011 5:01 AM
902	Should be based on the severity of the disability. No more than 24 hours per month.	Feb 14, 2011 5:10 AM
903	Bus drivers should walk clients with severe disabilities to the door of their residency.	Feb 14, 2011 5:12 AM
904	RC's have a long history of providing such services and the statistics for providing that service. Analyze the trends keeping in mind that they have been influenced (affected) by reductions in funding.	Feb 14, 2011 6:16 AM
905	We receive Respite and Other Family Supports once a month.	Feb 14, 2011 9:08 AM
906	80 hours for respite per month - 30 hours per week for daycare	Feb 14, 2011 2:46 PM
907	Dependent on the level of support that the person with disability requires.	Feb 14, 2011 4:14 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
908	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: -There is documented evidence of significant disruption to the family, caused by the care required by the consumer. -There is only one primary caregiver with limited family or social support. -The consumer is medically fragile with frequent illnesses requiring treatment. -The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. -The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: -Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. -Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. -The consumer is exhibiting severe challenging behaviors and is a danger to self and others. -There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. -Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. -Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 4:18 PM
909	Depending on the severity and needs of the consumer. 16-24 hours per month seems to be a good amount. More if the case is severe.	Feb 14, 2011 4:34 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
910	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 4:35 PM
911	Weekly	Feb 14, 2011 4:48 PM
912	Current standards are good, and are flexible to accommodate special family circumstances.	Feb 14, 2011 5:00 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
913	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 5:09 PM
914	as need	Feb 14, 2011 5:24 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
915	Each client and caregiver situation is unique, therefore no specific standards should be set. Regional Center coordinators should base Purchase of Services on what the primary caregiver is voicing they need. Hours allotted in the authorization should reflect a standard that will give the primary caregiver a true opportunity to rest and take care of their own personal needs.	Feb 14, 2011 5:26 PM
916	as often as needed	Feb 14, 2011 5:36 PM
917	once per yr., isn't that when we take vaction?	Feb 14, 2011 5:39 PM
918	POS for Respite services should be made for a one year max, and have the services Not to Roll unless the IPP had been completed prior to the end of contract and eligibility criteria had been re-confirmed. This means that SC would be able review this services at time of the annual interview and warrant the level of services in accordance to guidelines. Once input on the IPP-PCP document, all to do is perform the POS authorization. If a POS shows not modification after 3 year's period, then service shall be audited by the URG.	Feb 14, 2011 5:54 PM
919	Follow IPP to meet the individual needs of consumers	Feb 14, 2011 6:11 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
920	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if general criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 6:15 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
921	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability.	Feb 14, 2011 6:16 PM
922	Twice a week for 12 hrs a week	Feb 14, 2011 6:16 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
923	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 6:21 PM
924	It has to be individualized. I do think parents who have some form of mental illness can be exceedinly challenging because you cannot reason with them, and yet they have the responsibility of this child to care for.	Feb 14, 2011 6:25 PM
925	This should be eliminated immediately	Feb 14, 2011 6:30 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
926	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:31 PM
927	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 6:32 PM
928	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 6:32 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
929	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 6:34 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
930	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 6:38 PM
931	We receive Respite and Other family Supports once a month.	Feb 14, 2011 6:44 PM
932	The number of hours requested should be determined by the consumer, family, and service coordinator based on the needs of the consumer / family and the availability of generic resources.	Feb 14, 2011 6:59 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
933	The critera for each section similiar to our current POS guidelines.	Feb 14, 2011 6:59 PM
934	During most dangerous times, so family can leave the home without child and do things in the public without the child harming others in the community	Feb 14, 2011 7:03 PM
935	we receive respite and other family supports once a month.	Feb 14, 2011 7:07 PM
936	only as needed out of neccessity	Feb 14, 2011 7:08 PM
937	The current standards have been most helpful. I am satisfied.	Feb 14, 2011 7:10 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
938	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1. Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a. General criteria and guidelines for purchase of respite services are met. 2. Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • There is documented evidence of significant disruption to the family, caused by the care required by the consumer. • There is only one primary caregiver with limited family or social support. • The consumer is medically fragile with frequent illnesses requiring treatment. • The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. • The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3. Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a. General criteria for purchase of respite services are met. b. Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: • Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. • Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. • The consumer is exhibiting severe challenging behaviors and is a danger to self and others. • There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. • Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. • Medical care needs interfere with the sleep of primary caregiver. 4. Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 7:11 PM
939	There shouldn't be service standards. DDS already robbed us of respite from the service standards they put in place last year. The needs should be identfied at the IPP. THe Director of DDS doesn't know our child's needs. Now I will have to put my child in a residential placement which costs DDS more.	Feb 14, 2011 7:29 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
940	I'd propose an initial 24 hours a month, to be implemented as the family sees fit. Additional hours would be based on need and the IPP process.	Feb 14, 2011 7:30 PM
941	As often as the IPP team determines is necessary as described in the Lanterman Act 4646.5 a 4.	Feb 14, 2011 7:32 PM
942	Whenever needed	Feb 14, 2011 7:33 PM
943	As often as the IPP team determines is necessary	Feb 14, 2011 7:37 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
944	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 7:51 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
945	IT DEPENDES ON THE FAMILY,OF THE CHILDREN IF THE FAMILY HAS ENOUGH NATURAL SUPPORTS, THEY SHOULD USE WHEN NEED ONLY,NOT GIVE THEM A LARGE AMOUNT OF HOURS.WHEN FAMILYS WITH OUT ANY NATURAL SUPPORTS OR SINGLE WORKING MOMS SHOULD BE ABLE TO BENEFIT LARGELY ON THIS SERVICES. AND ADJUST THE SERVICE ARRAGEMENTS TO GIVE THEM MORE HOURS TO WORK.	Feb 14, 2011 8:10 PM
946	The cap of 90 hours per quarterly is a good idea. Hours should be alloted depending on need.	Feb 14, 2011 8:35 PM
947	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 9:03 PM
948	Up to 2 weeks of respite a year.	Feb 14, 2011 9:05 PM
949	depending on need	Feb 14, 2011 9:13 PM
950	As often as needed, but at least 1 x per month or more.	Feb 14, 2011 9:13 PM
951	Two to three times a month would be great.	Feb 14, 2011 9:33 PM
952	At least 1 time per week.	Feb 14, 2011 9:36 PM
953	at least twice per month.	Feb 14, 2011 9:38 PM
954	n/a	Feb 14, 2011 9:42 PM
955	These services should be provided as often as each individual would need this type of service.	Feb 14, 2011 9:48 PM
956	see above	Feb 14, 2011 9:58 PM
957	As often as IPP team determines necessary	Feb 14, 2011 10:02 PM
958	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
959	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 14, 2011 10:25 PM
960	Respite should be provided based on the needs of the caregiver. However, there should be some sort of system in place that will track how the respite is being utilized and family's should have services taken away if they are abusing the service.	Feb 14, 2011 10:31 PM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
961	weekly	Feb 14, 2011 10:55 PM
962	should have minimum of 10-15 hours/month	Feb 14, 2011 11:03 PM
963	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 14, 2011 11:12 PM
964	2 weeks 2 times per year	Feb 14, 2011 11:38 PM
965	Respite should be given every week for care givers.	Feb 14, 2011 11:51 PM
966	20-30 hours per month	Feb 15, 2011 12:04 AM
967	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 15, 2011 12:21 AM
968	Our guidelines indicate a range of 4-24 hours per month.	Feb 15, 2011 1:07 AM
969	we receive respite and other family supports once a month.	Feb 15, 2011 1:07 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
970	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 15, 2011 1:16 AM
971	based on need and number of children in household	Feb 15, 2011 1:16 AM
972	Frequency/length should be based on severity/impacts of the disability, as well as other resources available to the caretaker.	Feb 15, 2011 1:41 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
973	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:43 AM
974	we receive respite and other family suppports once a month.	Feb 15, 2011 1:43 AM
975	If identified, respite and day care are services that would need to be on-going monthly services. Parent training could be offered periodically.	Feb 15, 2011 1:45 AM
976	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:49 AM
977	30 hrs a month	Feb 15, 2011 1:56 AM
978	weekly	Feb 15, 2011 1:57 AM
979	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 1:57 AM
980	I liked the 48 hrs a month.	Feb 15, 2011 1:59 AM
981	12 hours/month	Feb 15, 2011 1:59 AM
982	As often as a parent needs this sort of support.	Feb 15, 2011 2:06 AM
983	At least 27 hours. A month	Feb 15, 2011 2:06 AM
984	frequency should be determined both by the severity of the disability and the number of available family members to support. For example, My children have no aunts or uncles living in this state. Both my husband and I have deceased parents. We do not have access to familial support. That being said, I am aware that some parents have family available, who refuse to participate. I guess need should be determined case by case.	Feb 15, 2011 2:08 AM
985	to be decided by regional center representative	Feb 15, 2011 2:08 AM
986	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4). Again, each client is an invidual, with unique needs. Only an IPP team, whose members have worked with and studied the client, can determine the unique standards for the client.	Feb 15, 2011 2:39 AM
987	It depends on the severity of the case.	Feb 15, 2011 2:45 AM
988	At least once during the week and once on the weekend. Once a year to offer overnight care.	Feb 15, 2011 2:49 AM
989	Services should come standard every year for families with family members with disabilties	Feb 15, 2011 2:53 AM
990	THREE DAYS A WEEK	Feb 15, 2011 2:55 AM
991	Services should reflect "reasonable & customary" standards accepted in the "typical" community, e.g., day care, child-sitting services, etc. Families need to take first-line responsibility for the chil(ren), with or without disability. That being said, there are significant challenges faced by families of disabled children. However, the first responsible party(ies)must be family.	Feb 15, 2011 3:15 AM
992	at least 5 hours a week per family	Feb 15, 2011 3:17 AM
993	as often as the ip team determines is necessary, as described in the lanterman act	Feb 15, 2011 3:21 AM
994	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 3:23 AM
995	as often as necessary for emotional/physical health of the consumer and family; determined by annual evaluation	Feb 15, 2011 3:33 AM
996	depending on the needs of the consumer. How much extra care/attention does this child require to remain safely at home.	Feb 15, 2011 4:09 AM
997	See the Lanterman Act!!	Feb 15, 2011 4:10 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
998	2 hours every day	Feb 15, 2011 4:10 AM
999	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:18 AM
1000	Depends on the need.	Feb 15, 2011 4:26 AM
1001	once again, i think it should be based on individual circumstances.	Feb 15, 2011 4:34 AM
1002	We need respite services several times a week to enable us to take care of personal health needs, do the routine shopping, home activities that are required to keep our son in good physical and mental health. Respite allows us the time to visit friends and do social things that we need to be capable to continue to keep our son in his home.	Feb 15, 2011 4:40 AM
1003	Respite services should be determined by severity of disability and the intensity of care required by the caregiver.	Feb 15, 2011 4:42 AM
1004	30 hours a month the least.	Feb 15, 2011 5:14 AM
1005	THIS SHOULD BE BASED ON THE CLIENT'S CAREGIVER SITUATIION. FOR EXAMPLE, SINGLE-PARENT, PARENT WHO IS ILL, PARENT WHO IS A CAREGIVER TO A SPOUSE, 2ND SPECIAL NEEDS DAUGHTER/SON, SEVERITY OF THE CLIENT, ETC.	Feb 15, 2011 5:17 AM
1006	not sure	Feb 15, 2011 5:26 AM
1007	I believe the standard for this is how crazy the mother appears when the Regional Center interviews her. Maybe you can make a computer determination based upon the amount of children are already in the home, how physically disabled the child is, the age of the care giver providing the services, if the parent is at home with the child all the time or not. You could use this as a reward/incentive for parents that stay home and provide care for the child that normally would be paid to an outside agency to care for the child.	Feb 15, 2011 5:32 AM
1008	Respite should be at least 12 to 16 hours per week for those with children with challenging behaviors. Parents are always "on" and don't get enough sleep.	Feb 15, 2011 5:39 AM
1009	The level of service should be dependent on the needs of the consumers and their families. Depending on the severity of the need then the greater the respite need. For example, 30 hours a month of respite should be the minimum offered to any consumer's family, however the family is free to use less if so desired. Families with greater need should have more hours.	Feb 15, 2011 5:41 AM
1010	see comments on Behavior services	Feb 15, 2011 5:42 AM
1011	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:10 AM
1012	This is an area where a small amount of hours each month can make a big difference.	Feb 15, 2011 6:35 AM
1013	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:35 AM
1014	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:41 AM
1015	Can the parent do necessary things with the child/adult. Can they be taken with them to the grocery store, or other errands? Some severe cases may need to have help so the parents can stay sane. It can be very demanding and taxing day in and day out.	Feb 15, 2011 6:58 AM
1016	enough that parents get at least 4 hours per week break	Feb 15, 2011 7:32 AM
1017	based on level of care!!	Feb 15, 2011 7:36 AM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
1018	adult day acre should be included in the FCPP just like child day care. Parent training should not be offered, unless the family is povert level income. Higher income families should be paying for any training thay want to attend. It is not any different that the typical community who wants to learn more about a certain topic, they sign up for coutse and pay for it.	Feb 15, 2011 8:50 AM
1019	Need based.	Feb 15, 2011 9:04 AM
1020	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
1021	Deterined by severity of diagnosis and presentation of level of need based on functioning of individual.	Feb 15, 2011 12:49 PM
1022	2 times a month would be sufficient. It is supposed to be a break for the parents. I don't retain these services, but I find twice a month helps prevent the relationship strain in a marriage. It is up to the parents to build and seek out other times to talk, like meeting for lunch while child is in school.	Feb 15, 2011 1:53 PM
1023	10hrs a week.	Feb 15, 2011 2:44 PM
1024	A few times a week	Feb 15, 2011 3:18 PM
1025	State-wide services standards to assess respite and put a cap on the number of hours -- such as up to 15 hours/month of respite, and a maximum of 30 hours/month, based upon exceptional circumstances.	Feb 15, 2011 4:07 PM
1026	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:09 PM
1027	Minimum 4 hours per week to allow parents to get a small breather.	Feb 15, 2011 4:20 PM
1028	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 4:28 PM
1029	at least 2 times per month	Feb 15, 2011 4:59 PM
1030	At least twice a break so parents aren't stressing out about nt havig a life outside of the home.	Feb 15, 2011 5:13 PM
1031	no	Feb 15, 2011 5:37 PM
1032	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5	Feb 15, 2011 6:07 PM
1033	Case-by-case.	Feb 15, 2011 6:18 PM
1034	As needed	Feb 15, 2011 6:31 PM
1035	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 6:32 PM
1036	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 6:40 PM
1037	DON'T CHANGE ANYTHING!!! This area has been hit TOO HARD over the past few years and families need their respite!!!	Feb 15, 2011 6:44 PM
1038	Depending on how difficult the family situation is. Some families have no problem with their children and then others deal with a lot of aggressive behaviors along with non compliance. For a family that is working hard to help their child respite is a blessing.	Feb 15, 2011 7:01 PM
1039	Read above	Feb 15, 2011 7:01 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1040	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 15, 2011 7:01 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1041	The number of hours requested will be determined by the consumer, family, service coordinator and other members of the Multidisciplinary/Planning Team based on the needs of the consumer and family. 1.Four to eight hours per month of respite (up to 96 hours per year) will be authorized if: a.General criteria and guidelines for purchase of respite services are met. 2.Nine to 16 hours per month of respite (up to 192 hours) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 1 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: There is documented evidence of significant disruption to the family, caused by the care required by the consumer. There is only one primary caregiver with limited family or social support. The consumer is medically fragile with frequent illnesses requiring treatment. The consumer is exhibiting new challenging behaviors requiring additional respite, pending an appropriate intervention plan. The primary caregiver's ability to provide an appropriate level of care and supervision has become limited due to aging, illness or disability. 3.Seventeen to 24 hours per month of respite (up to 288 hours per year) will be authorized if: a.General criteria for purchase of respite services are met. b.Level 2 respite hours have been reviewed and determined not to be meeting the needs of the consumer and family, and one of the following are met: Chronic medical and physical needs include physical limits (due to cerebral palsy, non-ambulatory, etc.) requiring total care. Parent has a developmental disability and is experiencing chronic emotional and/or health problems which affect the ability to cope with the care required by the child with the developmental disability. The consumer is exhibiting severe challenging behaviors and is a danger to self and others. There are two or more consumers residing in the family home, for which the caregiver is providing care and supervision. Medical needs include one of the following: use of pulmo-aide on a regular basis, G-tube, periodic suctioning, repositioning, the consumer must be fed and feeding requires more than one hour per feeding period. Medical care needs interfere with the sleep of primary caregiver. 4.Respite hours up to 32 hours per month may be authorized on an exception basis. These hours will be negotiated with the family and are intended to address time-limited situations. When the situation is expected to be long-term, the general criteria for respite must be met and a plan of action must be developed jointly with the family to address the situation, which has necessitated the exception. On an exception basis, due to extraordinary circumstances or crisis situations, e.g., the hospitalization of a primary caregiver, more than 32 hours per month may be authorized. The hours authorized are time-limited, and a plan of action is to be developed with the family.	Feb 15, 2011 7:03 PM
1042	Available to family and/or trained individuals in an empirically based/peer reviewed methodology such as PRT or ABA.	Feb 15, 2011 7:04 PM
1043	once a week	Feb 15, 2011 7:20 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1044	Several hours a week is what's currently offered, but this is truly an area where the more, the better. But if given a choice, fund therapies/services first and respite second. That is the order of priority, no question.	Feb 15, 2011 7:24 PM
1045	24 hrs a month per consumer as is the hours available now.	Feb 15, 2011 7:32 PM
1046	I feel that 15-20 hours a month is fair and income based qualifications (households under 50k) is fair as well.	Feb 15, 2011 7:40 PM
1047	Service should be given to Parents or care-givers of disabled consumers.	Feb 15, 2011 8:22 PM
1048	It should be even across the board based on age. We were given 25 hours a quarter for respite - most others are given 90 hours a quarter. Since we cannot set-up a regular weekly schedule, the caregivers choose to not work with us. We are not guaranteed money for them on a weekly basis.	Feb 15, 2011 8:33 PM
1049	would depend on the individual case needs. For example, I have to work outside the home full time due to need for income and my son needs after school care and I need help on week-end and some weekday evenings. he cannot be left by himself, he has no siblings or local family to help.	Feb 15, 2011 8:43 PM
1050	Every month	Feb 15, 2011 8:46 PM
1051	It depends on the severity of the disability. Parents/caregivers all need a break. We cannot always take our disabled family members to run errands, or even to do things that might provide respite for us (going to a movie, or to an amusement park). Parents/caregivers who also work need more respite, not only for taking a break, but just to be able to get normal errands done (i.e., going to the bank, grocery shopping, doctor appointments for themselves). Parents/caregivers may need more if there are multiple family members who are regional center consumers.	Feb 15, 2011 8:53 PM
1052	As often as the IPP team determines is necessary, as described in the Lanterman Act	Feb 15, 2011 9:01 PM
1053	about 20h a month for the family	Feb 15, 2011 9:15 PM
1054	By a qualified professional or a pre-determined individual suggested by the immediate family leader.	Feb 15, 2011 9:15 PM
1055	I think a questionnaire or assessment should be done to determine how many hours. I know of parents who have received many hours, and others who receive none. It seems to be inconsistent or based on how loudly a parent complains.	Feb 15, 2011 9:15 PM
1056	As needed on an individual basis	Feb 15, 2011 9:29 PM
1057	As often as the IPP team determines necessary, as described in the Lanterman Act Section 4646 (a) (4).	Feb 15, 2011 9:40 PM
1058	WHEN REQUESTED WITH A MONTHLY HOURLY LIMIT	Feb 15, 2011 9:41 PM
1059	Respite should be provided monthly in amounts that allow at least weekly breaks for caregivers.	Feb 15, 2011 9:41 PM
1060	Services should be provided as often as needed, as determined by the IPP team.	Feb 15, 2011 9:49 PM
1061	This also depends greatly on the child's condition, the parents, their work schedules, and what other family or friend support the parents may have access to. As the parent of an autistic child, our need for respite has decreased as our child's behavior has improved. We used about 10 hours per month of respite on average; we are fortunate that one parent can be home during the day with the child.	Feb 15, 2011 9:51 PM
1062	depending of the disability of the child and if they have any other family member to help at home.	Feb 15, 2011 10:17 PM
1063	As often as the IP team determines is necessary, as described in the Lanterman Act.	Feb 15, 2011 10:33 PM

2. Suggested service standards about how often a specific service should be

	Response Text	
1064	It is difficult to find respite care, especially for young adults who are severely disabled and are difficult to manage because their behavior is out of control. Fortunantely there is a growing movement of churches and other organizations who are beginning to see the need for this and receive training so they can provide this service for families of disabled in their congregation. Training for churches is provided by "Joni and Friends" Disabilities Center, in Agoura, CA. Their 2-day conference is held in April or May each year in the SGV, usually in Pasadena. See web site, www.joniandfriends.org.	Feb 15, 2011 10:35 PM
1065	As often as the family says they need it. If the family doesn't need it, then they won't use it. If they do abuse it, allow the provider to report abuse.	Feb 15, 2011 10:40 PM
1066	biweekly	Feb 15, 2011 11:02 PM
1067	The current assessment process and the consumer & family needs need to determine the frequency.	Feb 15, 2011 11:03 PM
1068	Individually determined	Feb 15, 2011 11:09 PM
1069	It should be often enough that the needs of the family can be met. A broader view is needed for who qualifies for an exception to get more than 30 hours of respite per month. I use "respite" time to get work done. I do not use the time to go shopping or to the movies, except about once or twice a year, as we have had to struggle non-stop to even get compliance with our son's IEP. I am having to home school my son with support - per a settlement agreement, but the school district is out of compliance on 1/3 of the services and so I am going to be writing a compliance complaint.) At the same time the regional center wants me to take over all ABA services following parent training. I have two other kids whose needs are put on the back burner. I am short on sleep, have more to do than is humanly possible in a day, and feel I am being pushed to an early grave. I think that our situation calls for more than 30 hours a month of respite. It would be a huge saving for the state if it would support parents. When our health declines to the point that we cannot adequately maintain adult children in the home, the state's annual costs per individual will skyrocket. ********* Parents of consumers are generally a major asset to the state in caring for these individuals. Yet, they are burdening parents to such a degree that they are working against us instead of with us. Every year that we are available to maintain our children at home, is a year of major savings to the state. It does not benefit the state's economy to drive us parents to an early grave. **********	Feb 15, 2011 11:14 PM
1070	There should be on going training for the consumers and yearly, semi yearly training for the parents and immediate family.	Feb 15, 2011 11:28 PM
1071	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 15, 2011 11:37 PM
1072	It depends how much they qualify its hard taking care of someone 24 hours it takes a toll on your body and its exhausting. Its nice to get a break from it all.	Feb 15, 2011 11:38 PM
1073	There needs to be an assessment of need, and the standard should be based on the severity of the behaviors of the consumer	Feb 15, 2011 11:40 PM
1074	The IP Team determines how often is necessary. See Lanterman Act.	Feb 15, 2011 11:42 PM
1075	vendor coordinated when possible, 15 hours per month.	Feb 15, 2011 11:53 PM
1076	through approved vendors with the regional centers and respite organizations	Feb 15, 2011 11:54 PM
1077	Daily to weekly service provided by qualified person or organization.	Feb 15, 2011 11:54 PM
1078	as needed for family	Feb 16, 2011 12:10 AM
1079	About/at least 20 hours a month.	Feb 16, 2011 12:15 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1080	I don't feel that 30 hours a month is sufficient. At least 48-60 hours per month. That would cover at least a weekend to relax before they start back up again.	Feb 16, 2011 12:19 AM
1081	Services should be provided for all childcare/afterschool care hours that parents are working/in class/training, etc.	Feb 16, 2011 12:30 AM
1082	The service standards should be maintained by the standards already in place by Title 17.	Feb 16, 2011 12:32 AM
1083	As often as determined necessary. We have not had a need yet for respite, but I can imagine it is an invaluable service for those who do.	Feb 16, 2011 12:41 AM
1084	At times, locations in-person and via technology - whenever trainee/advocate/parent/Conservator available.	Feb 16, 2011 1:22 AM
1085	As often as the IPP team determines necessary in order to ensure family members/care givers get sufficient respite so they can continue to care for the consumer at home.	Feb 16, 2011 1:26 AM
1086	It varies by client for some of the tougher cases more respite should be provided	Feb 16, 2011 1:41 AM
1087	A specific time, such as 15 hours a month is a good place to start for each family if the RC feels it is needed, but if a consumer or their family needs more, it should still be based on that individual's needs, and a request for an increase should be considered.	Feb 16, 2011 1:53 AM
1088	This should be on a case-by-case basis. The Regional Center, social worker, parents and doctors should have input in how oftern respite care is provided. Some may need weekly, some daily so a parent can shop, run errands. It is a very individualized need and should be determined on the needs of the family and consumer.	Feb 16, 2011 1:54 AM
1089	as family shows need and benefit	Feb 16, 2011 2:21 AM
1090	WHENEVER	Feb 16, 2011 2:21 AM
1091	I think it would depend on the ASD child. A child with aggressive behaviors should get more respite hours than a non-aggressive one. However, that non-aggressive child might not understand the need for safety (that is my child). That could be a big problem as well. If child needs constant supervision so as to not hurt themselves, a greater need for respite arises. However, a parent should be responsible for their ASD child and not push their child off on a respite worker because they themselves do not want to be responsible for them. That is not what respite is for. If a parent could get a weekly break, maybe 5-10 hours weekly, that would be helpful. But, if a parent could get help in dealing with that child and learn how to manage behaviors (ABA), I think it would reduce the need for Respite services overall.	Feb 16, 2011 2:31 AM
1092	I can only leave my child with the highest level of behaviorally trained caregiver. I cannot even find a neighbor or family member because they don't last more than a day or so. Got any solutions? I would like more time to address your specific questions.	Feb 16, 2011 2:37 AM
1093	some services like adult day care are provided on a daily basis if needed or wanted to improve the consumers quality of life. respite care hours should be provided at a level to allow the care giver time to relax so they can provide effective services to the client/consumer.	Feb 16, 2011 2:52 AM
1094	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 3:06 AM
1095	It should be on a "as needed basis" determined by social worker.	Feb 16, 2011 3:09 AM
1096	*Such services should be provided based on what is typical for any family with a child of the same age, no more and no less. For example, it is not typical for any normally developing child to spend every weekend outside of their home in one month's time. Therefore, respite services should not be provided for any child for four full weekends in one month's time.	Feb 16, 2011 3:24 AM

Respite and Other Family Supports

2. Suggested service standards about how often a specific service should be

	Response Text	
1097	Keep the current standard. It is already low for some families.	Feb 16, 2011 3:29 AM
1098	Respite Care for families with disabled child	Feb 16, 2011 4:00 AM
1099	Case by Case.	Feb 16, 2011 4:01 AM
1100	Time away from the child, so the parent can have a mental break: 8hrs/week	Feb 16, 2011 4:06 AM
1101	Maximum 30 hours per month . Out of home respite should contribute to this amount so that people dont get so much extra in combination	Feb 16, 2011 4:06 AM
1102	Parent choice the agencies are making too much money with conflict of interest	Feb 16, 2011 4:39 AM
1103	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4)	Feb 16, 2011 4:48 AM
1104	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:07 AM
1105	5-15 hours a week, depending on work program schedule	Feb 16, 2011 5:22 AM
1106	4-5X/Month	Feb 16, 2011 5:32 AM
1107	Again as often as IPP team determines is necessary as described in The Lanterman Act	Feb 16, 2011 5:35 AM
1108	should be daily and flexible enough to meet the changing needs based on medical and educational conditions.	Feb 16, 2011 5:48 AM
1109	As often as the IPP team determines is necessary, as described in the Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 5:53 AM
1110	This depends upon the individual need. In some cases a higher level of respite services may be needed for a short term (e.g., when there is a new baby, if a caregiver is ill), and this needs to be monitored carefully so that the number of hours can return to the lower amount when it is feasible. For attendance at parent workshops, it is important to provide qualified trainers who promote interventions that are evidence based. Workshops should be convenient for parents in terms of hours they are held, location, and provision of respite services when needed for a parent to attend. Workshops should be provided in the family's language whenever possible.	Feb 16, 2011 6:15 AM
1111	As often as the IPP team determines is necessary, as described in The Lanterman Act Section 4646.5 (a) (4).	Feb 16, 2011 6:18 AM
1112	Respite services should be provided at minimum 10 hours per month, and for families with children with more intensive needs, more hours (24 per month, or 8 per week, seems reasonable).	Feb 16, 2011 7:06 AM
1113	weekly/daily/monthly as needed	Feb 16, 2011 7:20 AM
1114	three times a month, 4 hours each time	Feb 16, 2011 7:31 AM
1115	As often as the family has a need.	Feb 16, 2011 7:48 AM
1116	According to the IPP. Caps have already been imposed. There should always be exeptions for extreme circumstances and should be granted on a case by case basis.	Feb 16, 2011 7:55 AM

2. Suggested service standards about how often a specific service should be

	Response Text	
1117	flat number of hours for everyone example 4hours per week for school age, 8-10 hours per week for medically fragile and/or transition no more in home daycare unless medically fragile/severly impaired parent training first step for every family, prior to in home behavior services need a school advocate who will work one on one to help our families get the services they need from school, SC's cannot do it, it is too much, if one or two people are hired to help our families and go to IEPs and fight for them, we will end up paying for a lot less services	Feb 16, 2011 7:59 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
1	Weekly phone calls with the families.	Jan 28, 2011 12:50 AM
2	Follow up from service cordinator or parent caregiver feedback.	Jan 28, 2011 12:59 AM
3	Limit the number of hours across the state to maximum of 24 hours per month, with no exemptions. No family will qualify for more than 24 hours per month; stick to the standard.	Jan 28, 2011 1:04 AM
4	Parent has not been committed to any mental institutions	Jan 28, 2011 1:14 AM
5	oversight, follow up, communication with families, periodic check-ins to ensure satisfaction with services	Jan 28, 2011 1:21 AM
6	being consistent in setting the rates for service providers	Jan 28, 2011 1:29 AM
7	INDIVIDUAL CHOICE BUDGET	Jan 28, 2011 1:34 AM
8	Parent Report.	Jan 28, 2011 1:39 AM
9	Self Directed Service. Parents should be vendored for this service so there's no third party and we can pay the person we want directly!	Jan 28, 2011 1:44 AM
10	ICB	Jan 28, 2011 2:05 AM
11	allow parents to be paid and employ their own sitters.	Jan 28, 2011 2:18 AM
12	no payments to parents for any service	Jan 28, 2011 2:20 AM
13	Ask parents.	Jan 28, 2011 2:33 AM
14	cancel all services	Jan 28, 2011 2:38 AM
15	I believe the only way to determine if the services are useful and effective is to survey the consumers who are utilizing Respite Care.	Jan 28, 2011 2:43 AM
16	Signed forms from the caregiver that the worker is showing up when expected and on time and doing a good job to keep the disabled individuals well cared for and safe, these forms should go to their agency and in turn the agency should have to have inspections by the regional center of their files, etc.	Jan 28, 2011 3:20 AM
17	Meetings and evaluations with input especially by the consumer along with staff, caseworker, and family.	Jan 28, 2011 3:22 AM
18	not applicable	Jan 28, 2011 3:22 AM
19	Assesments	Jan 28, 2011 3:37 AM
20	If the parent or caregiver is happy with the service.	Jan 28, 2011 3:37 AM
21	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM
22	Monitor and adjust.	Jan 28, 2011 4:04 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
23	Standard training across all vendors as well as diverse providers for diverse needs.	Jan 28, 2011 4:14 AM
24	There should be some sort of accountability form used to make sure the services are being used for the intended service...don't know how to accomplish that though	Jan 28, 2011 4:18 AM
25	Parents must work, otherwise services should nor be provided.	Jan 28, 2011 4:18 AM
26	Ask the family members.	Jan 28, 2011 4:24 AM
27	24 hour/7 days care for a personal with disabilities is very stressful. And it has been proven that caregivers suffer from depression due to the continuity of providing these services.	Jan 28, 2011 4:41 AM
28	Respite workers should be observed regularly by supervisors and given quarterly reviews	Jan 28, 2011 4:57 AM
29	None this service works well as is. The hours need to be based on individual need. This should be determined based on the IPP. We should not have to fight for such a needed service.	Jan 28, 2011 5:04 AM
30	Monitoring, follow-up.	Jan 28, 2011 5:59 AM
31	Flexibility should be available in this program for cases that don't fit a pattern.	Jan 28, 2011 6:23 AM
32	Ask the family.	Jan 28, 2011 6:27 AM
33	The same as today.	Jan 28, 2011 6:38 AM
34	HOME VISTATIONS	Jan 28, 2011 6:55 AM
35	The care is useful if the provider is quality care and the parent can step away from the child for a break feeling confident that the child is safe.	Jan 28, 2011 7:02 AM
36	Ask for periodic surveys of customer satisfaction	Jan 28, 2011 7:23 AM
37	Perhaps require use of a respite agency for any families requiring respite hours over the standard of 24 hours per month. Otherwise allow use of parent vendor respite with Exception for cases over 24 per month.	Jan 28, 2011 7:27 AM
38	Have a screening Process. Applications if necessary! Have Licensed Personnel be there for the Patient!	Jan 28, 2011 7:31 AM
39	Measure the incidents of child and adult abuse cases in this population. If respite is working then records of abuse cases should be low. If the family is not getting respite services or not enough, abuse cases can be expected to be higher.	Jan 28, 2011 8:25 AM
40	no children under 13 years of age should receive day care- and over 13 should only be for behavioral or medical challenges.	Jan 28, 2011 3:07 PM
41	The person giving the service should be trained. The service should provide the rest need and be useful.	Jan 28, 2011 5:08 PM
42	Self Directed Service. Parents should be vendored for this service so there's no third party and we can pay the person we want directly!	Jan 28, 2011 5:10 PM
43	Licensing and certification.	Jan 28, 2011 5:16 PM
44	These standards already exist	Jan 28, 2011 5:31 PM
45	Only the family members can answer this question. Perhaps some feedback mechanism such as a monthly or quarterly survey.	Jan 28, 2011 5:31 PM
46	No more parent vendored respite or private workers hired by the respite agency. Most often the family just needs an extra source of income and providing respite to a family memeber is an easy income. This is fraud!	Jan 28, 2011 5:51 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
47	*respite should be an engaging learning experience -- not warehousing! How about provide learning opportunities in integrated community settings? When I want a break from my everyday life (a respite, if you will), I go to the gym or take a class in something I want to learn. Respite is restricted to my home for my child with special needs -- how strange is that? He gets only stay-cations because he has autism?	Jan 28, 2011 6:01 PM
48	Annual review by service coordinator.	Jan 28, 2011 6:09 PM
49	no	Jan 28, 2011 6:18 PM
50	Family members will choose respite worker and/or care facility via interviews or recommendations.	Jan 28, 2011 6:18 PM
51	The amounts and rates should increase from what they currently are.	Jan 28, 2011 6:26 PM
52	Require reports from providers.	Jan 28, 2011 6:40 PM
53	There should be feed back from consumer, parent, family, respite provider or agency as to how effective services are for consumer.	Jan 28, 2011 6:46 PM
54	also, some determination needs to be made about whether or not respite can be used for "housecleaning" services for adults who work full time and are unable to qualify for IHSS but who are physically incapable of doing laundry, mopping, vaccuming, etc. some clients have respite for housecleaning and others are told they cannot use the service for housecleaning. also, a flat standardized rate for ALL respite agencies is needed.	Jan 28, 2011 6:48 PM
55	Have a rep for respite do semi anual visits to the home to veiw what the needs are and or to make sure things are going well.	Jan 28, 2011 6:52 PM
56	quarterly reviews	Jan 28, 2011 6:52 PM
57	respite is extremely useful and effective to start! soooo many families do not even know they can receive respite and it's an extremely helpful service	Jan 28, 2011 6:54 PM
58	Annual review of level of need	Jan 28, 2011 6:58 PM
59	reasonable criteria re how recipient uses the respite time - e.g. not to spend time in harmful or intoxicating manner LT outcome data re if consumer behavior indicates overall benefit or at least maintenance	Jan 28, 2011 6:58 PM
60	Yearly IPP interview	Jan 28, 2011 7:04 PM
61	rcrc surveys	Jan 28, 2011 7:06 PM
62	Audit, and survey the respite providers. Make the parents show proof that they are using the service properly.	Jan 28, 2011 7:12 PM
63	These standards already exist. We should use them!	Jan 28, 2011 7:13 PM
64	background checks to ensure safety	Jan 28, 2011 7:31 PM
65	consumer/parent surveys	Jan 28, 2011 7:33 PM
66	Need more respite options available to families. Often families are expected to find their own respite provider. Often the respite agencies do not have quality respite providers available to meet families needs. Often parents want a "break" from their disabled child maybe at night to go out to dinner or on a weekend to run errands. Often respite workers don't want to work weekends or nights. Need more choices. Families are going without becuase a respite worker can't be located.	Jan 28, 2011 7:37 PM
67	Parent/consumer satisfaction surveys; providers surveys	Jan 28, 2011 7:51 PM
68	Totally eliminate parent vendor/vouchered respite. There is way too much fraud that has no way of being monitored.	Jan 28, 2011 8:01 PM
69	DDS can do a phone survey to check in with families, but all they will find is happy families who want more respite!	Jan 28, 2011 8:01 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
70	Talk to parent and also provider... Provider should generate a report quarterly to be also responsible for their care to individual.	Jan 28, 2011 8:02 PM
71	Consumer input and annual surveys based on how much consumers feel their needs are met. The survey should illustrates how respite helps the consumer maintain independance and support to the families needs.	Jan 28, 2011 8:08 PM
72	The people comes to parents home should be flexible and honest. They should work around parents needs not parents work around their schedule.	Jan 28, 2011 8:16 PM
73	That should be easily determined, as almost any respite is usually a godsend. However, if there was an organized delivery system for respite care, then such care would be regulated as IHSS is.	Jan 28, 2011 8:41 PM
74	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
75	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM
76	Consumer satisfaction.	Jan 28, 2011 9:04 PM
77	These Standards already exist	Jan 28, 2011 9:04 PM
78	Self Directed Service. Parents should be vendored for this service so there's no third party and we can pay the person we want directly! This will save the state a lot of money in the long run.	Jan 28, 2011 9:15 PM
79	Always usefull and effective.	Jan 28, 2011 9:27 PM
80	Respite needs should be evaluated at least annually or whenever it is not used for two consecutive quarters.	Jan 28, 2011 9:41 PM
81	Consistent caregivers, well-trained in care but also in disability rights, people skills, kid skills, soft job skills (reliability), safety and confidence. Nothing worse than respite that falls apart at the last minute, or caregivers who are scary. We've had early respite caregivers at high-risk for diabetic coma; those whose significant others turned out to be drug dealers; those who left our child in a crying/sweating/dripping mess upon return. After those kind of scares, we no longer wanted the service and dropped it. Leaving and the anticipation of leaving this up to chance was more traumatizing than staying. This was the opposite of respite. Trend to select own caregivers is very good.	Jan 28, 2011 9:41 PM
82	Check monthly with the parents. Be proactive not reactive. Being reactive may not prevent a divorce or domestic violence from occuring/	Jan 28, 2011 9:41 PM
83	Keep those that are in place currently.	Jan 28, 2011 9:41 PM
84	Regional centers should have authority to determine which providers should be used for clients not parents, especially when the regional center has determined that a particular provider is not following regulations and or their assessment and or progress reports are not meeting the need and has no clear goals or doesn't specify if their has been progress or not, especially regarding the parent training portion.	Jan 28, 2011 9:58 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
85	Set specific goals and document effect of respite. (a) if effectiveness is demonstrated, continue with periodic reassessments. If a family consistently uses fewer than their allotted number of hours, perhaps their hour allottment can be reduced. But do htis in communicaiton with the family. (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS BASED ON COMMUNICATION WITH CONSUMER/PARENTS and needs assessment by CPC.	Jan 28, 2011 10:11 PM
86	evaluate on a yearly basis	Jan 28, 2011 10:13 PM
87	Service provider must provide written documentation of services performed when submitting monthly time sheets.	Jan 28, 2011 10:23 PM
88	survey current participants	Jan 28, 2011 10:23 PM
89	talk to the caregivers	Jan 28, 2011 10:27 PM
90	Set specific goals and document effect of respite. (a) if effectiveness is demonstrated, continue with periodic reassessments. If a family consistently uses fewer than their allotted number of hours, perhaps their hour allotment can be reduced. But do this in communication with the family. (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS BASED ON COMMUNICATION WITH CONSUMER/PARENTS and needs assessment by CPC.	Jan 28, 2011 10:32 PM
91	See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
92	RC needs to work with agencies that services are provide and are needed.	Jan 28, 2011 10:58 PM
93	Identify outcome, measure outcome and report on outcome.	Jan 28, 2011 11:09 PM
94	see above	Jan 28, 2011 11:31 PM
95	In home respite should be expanded to include outings into the community when this is preferred by a consumer/family.	Jan 28, 2011 11:32 PM
96	In many cases the respite workers should be trained in behavioral services or they are useless.	Jan 28, 2011 11:35 PM
97	Survey the clients' parents and other care-givers.	Jan 29, 2011 12:21 AM
98	Interview with Regional Center social worker	Jan 29, 2011 12:27 AM
99	Families should fill out a yearly survey of respite services.	Jan 29, 2011 12:52 AM
100	Any person supporting a disabled person has a very stressfull job and needs quality time away to support there well being. That should be determined by case managment on family situation and Data collection from both parent/caregiver and case manager.	Jan 29, 2011 12:58 AM
101	Routinely ask the family if the services and supports are being provided in the fashion they want, the duration they need, in the intensity they require to remain togehter as a family. Individualized specific criteria and goals should be developed to justify the need and continuation of the service/support. Service Providers should be epected to actually achieve outcomes or the person should move on.	Jan 29, 2011 1:17 AM
102	If the family continues to keep the qualifying family member at home, then the respite is effective.	Jan 29, 2011 1:45 AM
103	sh be provided based on greater need, or circumstances of great emotional distress, other family member's illness.	Jan 29, 2011 2:18 AM
104	Regional Center staff should be a watch dog for consumers but not a guard dog. Currently they seems to say no to reputable providers rather than screen them and allow the consumers to choose.	Jan 29, 2011 2:48 AM
105	Caseworkers at the Regional Center	Jan 29, 2011 3:14 AM
106	Social worker/medical staff observe patient and caregiver in the home,.	Jan 29, 2011 3:15 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
107	agencies should require some training for specific client.	Jan 29, 2011 3:16 AM
108	there is never a follow up so it is never known ---- it should be based on families income	Jan 29, 2011 3:18 AM
109	I believe that the families Regional Center worker could be a good judge of that. My worker is at the house often and asks about our children and our families well being.	Jan 29, 2011 3:31 AM
110	Train respite providers. You can use local Chico State students in appropriate upper division classes as well as people from the community. Many people cannot find dependable and available people to provide respite.P	Jan 29, 2011 3:40 AM
111	Parent monitor	Jan 29, 2011 3:47 AM
112	third party evaluation	Jan 29, 2011 3:53 AM
113	documentation	Jan 29, 2011 4:44 AM
114	Don't know	Jan 29, 2011 4:51 AM
115	No one should be cut	Jan 29, 2011 5:11 AM
116	reviewed by regional center case manager	Jan 29, 2011 5:12 AM
117	The primary care provider is able to take necessary breaks and in turn is less likely to seek out of home placement for the person being served.	Jan 29, 2011 6:14 AM
118	survey	Jan 29, 2011 6:33 AM
119	Evaluation of services must be justified by the individual's IPP.	Jan 29, 2011 6:35 AM
120	Just give us all a break!	Jan 29, 2011 6:46 AM
121	evaluate annually at time of IPP team meeting	Jan 29, 2011 6:52 AM
122	Ask the direct recipient....not anecdotal	Jan 29, 2011 7:24 AM
123	in home or day care center	Jan 29, 2011 7:53 AM
124	State guidelines. Let parents choose agency or parent vendor. Give to families accepted into Regional Centers as soon as IPP is developed.	Jan 29, 2011 8:45 AM
125	Only the parent can determine this.	Jan 29, 2011 8:49 AM
126	I don't know if you can measure usefulness or effectiveness, but parents need a break.	Jan 29, 2011 3:14 PM
127	Documentation on how many hrs a client has for all services given. IHSS, Respite ,community outtings like OUT and About services in Shasta County. Some clients have more then 100hrs and yet are also given respite hrs too and they are also using day program hrs. Count the hours and you will find this is called taken advantage of the system and high cost with billing. The Out and About service are given to new clients with only 17 hrs a month and the old clients have more then 100 hrs. Does that make sense but they also call it a day program too so the program will not lose the service as a community outting. Some of these families I know also have there adults working in the day time and in other day programs. This is happending in Shasta County and if there is money to be saved somebody should look into this.	Jan 29, 2011 6:57 PM
128	Panrets should be asked to fill out a survey to judge the qulity of service they are getting. Parents would make the best service providers and will find quality care for their child/children when they need a break.	Jan 29, 2011 7:14 PM
129	Being responsible, not putting the consumer in dangerous positions, being able to guide the consumer to be healthy and safe in the community.	Jan 29, 2011 7:46 PM
130	Keep track of the centers providing these centers. Make sure they are meeting all requirements.	Jan 29, 2011 8:40 PM
131	Feedback from family at regular intervals, say 6 to 12 months.	Jan 29, 2011 9:10 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
132	Quarterly surveys of the family and the child on how the respite care is working for them?	Jan 29, 2011 9:31 PM
133	When assessment for respite need is made, parents will fill out a monthly calendar showing their work schedule, child's school schedule, and hours they are home to be with their children. Parents will delineate the activities of the siblings of the special needs consumer. Respite will be assessed for one year using the calendar and averaging the number of days per month. As there are 30 days in a month and respite is to be used intermittently, respite hours should not exceed 30 hours per month. Single parents will indicate their work schedule and obligations. If they have typically developing children they will indicate who is caring for their typical children when they are away from home.	Jan 29, 2011 9:50 PM
134	The State needs to provide the Regional center with this.	Jan 29, 2011 10:57 PM
135	EXCELLENT ORIENTATION TRAINING, SUPERVISION , ON GOING INSERVICE EDUCATION	Jan 30, 2011 12:00 AM
136	I was fair. I used it for my other kids sports teams and stuff so my special kid wasnt bored.	Jan 30, 2011 12:17 AM
137	no suggestions	Jan 30, 2011 12:28 AM
138	Quarterly visits from regional worker.	Jan 30, 2011 12:36 AM
139	Provide guidelines for when exceptions can be made. Offer training for families who have a friend or family member who would be more comfortable caring for a child with special needs if they had some training.	Jan 30, 2011 1:24 AM
140	Teenager/adult kept in their home. Has to save the state money.	Jan 30, 2011 3:36 AM
141	Ask the families using the services to evaluate whether they are useful and effective.	Jan 30, 2011 4:19 AM
142	Review caregivers feedback regarding services provided,	Jan 30, 2011 7:15 AM
143	I don't know that you can. It is very difficult mentally and physically taking care of a special needs child.	Jan 30, 2011 8:03 AM
144	Look at the severity of the child's difficulties and the amount of usage over time (and requested vs. actual usage), as well as look at parent stress and at efforts to help the family function more normally so that less respite is needed.	Jan 30, 2011 5:20 PM
145	It would be useful and effective if we had more auditing to find out what the family really needs or just takes as granted. There is no audit at all. SC's are overwhelmed with case loads and cannot count on ineffective managers. How should we do our job correctly in this environement?	Jan 30, 2011 8:22 PM
146	Open communication w/ parents is critical to determining effective usage to services.	Jan 30, 2011 8:43 PM
147	surveys and reviews	Jan 30, 2011 9:17 PM
148	I think any respite care is helpful.	Jan 30, 2011 10:53 PM
149	Appropriate evaluation of services on ongoing basis	Jan 31, 2011 12:07 AM
150	Regular reevaluations.	Jan 31, 2011 1:36 AM
151	Regional centers should make the service more accessible to the parent. At this time, the parent must complete so many requirements that it is difficult for many of them to obtain the service.	Jan 31, 2011 4:41 AM
152	Measures of usefulness by the parent/guardian	Jan 31, 2011 5:01 AM
153	Family to submitt what they needed respite for and how they feel having the break - if it was an effective break each time they submit billing sheet for hours used.	Jan 31, 2011 3:47 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
154	Effective rules and regulations. Families should be allowed to provide respite but they should also have to follow certain criteria, such as meeting with the person's ID team. Goals should be set and consitently checked.	Jan 31, 2011 3:49 PM
155	Make parents/guardinans report to Reg. ctr. anout effectiveness.	Jan 31, 2011 3:58 PM
156	I like agency services. I think that it would be beneficial for caregivers to go through training similiar to caregivers for IHSS. Caregivers should be qualified and make a commitment to caring for others. Agency services take the burden of reporting earnings off the families and places it onto an provider to monitor and report.	Jan 31, 2011 4:34 PM
157	Family survey in regards to stress and well-being.	Jan 31, 2011 4:42 PM
158	Preschool for my autistic son is part time. Then he needs to go to daycare. It is not easy or cheap to find a daycare that will care for an autistic child. Alta won't help find or pay for someone to watch my son because other parents of non autistic children pay for their own daycare. It is not the same. [redacted] requires special care and most people will not do it.	Jan 31, 2011 4:42 PM
159	Unannounced checks.	Jan 31, 2011 4:51 PM
160	?	Jan 31, 2011 4:54 PM
161	...family feedback...	Jan 31, 2011 5:35 PM
162	Making sure hours are completed	Jan 31, 2011 5:43 PM
163	On-going monitoring by the regional center and periodic surveys of the parent/caregiver.	Jan 31, 2011 5:57 PM
164	Eliminate parent vendored services.	Jan 31, 2011 6:04 PM
165	Annual review of useage and effectiveness of meeting the family's needs.	Jan 31, 2011 6:17 PM
166	Do away with this service. It was not available years ago. Go back to how it was 20 years ago. This service was not offered. It is being abused.	Jan 31, 2011 6:41 PM
167	Respite is another area that can very easily be compromised. It should not be an automatic and should be based on true needs above and beyond what a family with a typically developing child would be expected to do. Consider the concept of "respite pools" where parents take turns with caring for other children as well as their own. This would give more meaning to the process and also allow parental peer group interaction.	Jan 31, 2011 6:42 PM
168	Agencies and organizations who provide services should obtain progress report on consumers from care providers.	Jan 31, 2011 6:57 PM
169	Regional Center to establish an elibility criteria that would also address an exemption. DDS to conduct survey to both parents and providers to identify barriers and strengths.	Jan 31, 2011 7:07 PM
170	Bi-yearly survey.	Jan 31, 2011 7:13 PM
171	Require evaluation forms be completed every six months.	Jan 31, 2011 7:22 PM
172	Services should be monitored by a Regional Center staff member/Service Coordinator.	Jan 31, 2011 7:25 PM
173	Make sure the family with respite can use family/friends, ect... for the respite as this makes it easier to find someone. '''	Jan 31, 2011 7:34 PM
174	Assess baseline needs and write goals	Jan 31, 2011 7:38 PM
175	assess parents' stress levels - baseline at first IFSP, and intermittently.	Jan 31, 2011 8:13 PM
176	work with the family to see what their needes are	Jan 31, 2011 9:13 PM
177	These standards already exist	Jan 31, 2011 9:33 PM
178	There might be adequate and reliable response from consumers as to their relationship with the provider and the experiences afforded them. Otherwise, the provider would have to show good faith and responsibility to the family.	Jan 31, 2011 9:35 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
179	Feedback from consumers	Jan 31, 2011 9:39 PM
180	Families should hire or use services that have training on how to handle their childs problems. Any specific problems with their child should be trained on a one-on one basis, with persons chosen. It should be recommended that the homes with overnight respite, use qualified trained professionals.	Jan 31, 2011 9:48 PM
181	Surveys from parents regarding how respite affects their quality of life.	Jan 31, 2011 9:51 PM
182	These already exist	Jan 31, 2011 10:02 PM
183	Again, formal training prior to vendorization, and regional centers monitoring the training that respite agencies provide to their employees.	Jan 31, 2011 10:15 PM
184	Quarterly surveys should assess such services.	Jan 31, 2011 10:16 PM
185	Periodic use only in most cases. If consumer is home bound and care-provider remains with consumer then respite services should be provided. The activity level of the consumer should also be considered (i.e. a consumer who wanders around, destructive, etc. vs. one who remains in bed with minimal activity and needs for support such as transferring).	Jan 31, 2011 10:30 PM
186	rere	Jan 31, 2011 10:31 PM
187	??	Jan 31, 2011 10:36 PM
188	Track CPS reporting and positive advancements in the primary caregiver's life.	Jan 31, 2011 11:52 PM
189	same as before on all number 3	Feb 1, 2011 12:59 AM
190	Engage the parents in developing oversight standards.	Feb 1, 2011 1:27 AM
191	As the parent of a mentally disabled child, I used to bring in all kinds of respite workers to take my son out into the community and help expand his experience of living. From playing basketball at a local park, to learning to ride the subway trains, any activity can be mind-expanding and growth-producing for a child with a disability. I don't think there needs to be a license or certification for this--just goodwill and a certain expertise in some area is enough.	Feb 1, 2011 1:34 AM
192	Consumer choices	Feb 1, 2011 1:48 AM
193	I am currently conducting research for a Masters Thesis regarding respite treatment regarding individuals with Aspergers Syndrome. After much research, there are clearly issues with the definition of what respite treatment is, who should be served and what should the service look like. In all truth, different types of respite are probably best for specific developmental disabilities, and may not be useful (and a waste of money for the state) for others. As the definition on this page states, it is typically used to give families a break. I once called Regional Center to ask what the purpose of respite treatment was, and the person said it was not intended to benefit the individual with a disability. However, I see this as an opportunity to incorporate some behavioral and social supports for the individual with a disability, eliminating the need for separate behavioral or social (mentoring) services in many circumstances. With some restructuring and training, this could be a huge money saver with long term benefits such as client independence.	Feb 1, 2011 3:15 AM
194	Ask the family!!!!!!!!! We are already stretched and stressed, ask US what serves us best. We are the ones in need of a break and some refreshing. We do very demanding work. Its is much cheaper to care for the family than to have the consumer fail in life because the home is so stressed.	Feb 1, 2011 3:24 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
195	This area has been one of our biggest concerns. We believe that many families who are paid under 420 service code, family member respite are not using the funds appropriately. Some use the funds as extra income. Other services are purchased (such as recreational) but are not identified on the billing form so there is no way for the regional center to know. These types of things are going on even though the form requires declaration and signature and the regional center does not have resources to audit. There are about 1000 parents under this code at my regional center. Also, they are supposed to be handling employer responsibilities and we believe that is likely not happening. I strongly recommend eliminating the 420 service code and discontinue paying parents directly. There should be an employer of record level that all respite agencies are required to provide at a rate set by the state that is only slightly higher than the 420 rate. This would be used as the service code to convert all of the current 420 auths over and thereafter, should be the only option authorized ongoing.	Feb 1, 2011 3:57 AM
196	Qualitative feedback from participants Research-based, best practices.	Feb 1, 2011 4:29 AM
197	Alternative respite options should be considered based on individual interests and family need including recreational activities.	Feb 1, 2011 4:36 AM
198	monitor these clients to make sure they're utilizing the respite appropriately	Feb 1, 2011 4:54 AM
199	Listen to the parents. HEAR them. Take their advice when they say "We don't need super expensive X, we need less expensive but capable Y."	Feb 1, 2011 4:56 AM
200	A respite plan should be drawn up re: respite services to be provided by persons - either hired directly by parents or thru a licensed respite agency - who are trained to meet that specific client's unique needs. Details of what they are specifically needed to do, behavior plans to follow, foods that can/cannot be permitted, meds to be administered, etc.	Feb 1, 2011 5:08 AM
201	the family will always let you know if their child is getting good care	Feb 1, 2011 5:24 AM
202	Families should be able to utilize them outside of the home-- often times they may want to spend their time away from the consumer in their own home, or it would be more benneficial for a trained staff member to take them into the community especially for consumers who have limited time in the community and may engage in problem behaviors as a result of this lack of time outside of the home.	Feb 1, 2011 5:27 AM
203	More respite care funding	Feb 1, 2011 5:31 AM
204	reaching goals and still gaining from them.	Feb 1, 2011 5:32 AM
205	same answer as previous	Feb 1, 2011 6:01 AM
206	This should be the consumer and family's decision that should be communicated to the regional center bi-annually.	Feb 1, 2011 7:25 AM
207	Have goals, a schedule, a list of activities to occupy & stimulate the client & a sheet that can be signed off on that these activites took place	Feb 1, 2011 7:31 AM
208	Evaluation by the family.	Feb 1, 2011 9:02 AM
209	Through the government. Tis was an issue when certain regional centers provided funding for their own family members with disabilities and funding a huge amount for their family services without a watchful eye!	Feb 1, 2011 9:56 AM
210	After assessment of time, parent/care provider should be give a yearly voucher to be used in increments per their need/disgression. This voucher would allow the parent/care provider to hire persons of their choice Once the vouchered amount of time is used in the fiscal year no additional time will be awarded during that fiscal year. Voucher assessed time would not roll over into the next fiscal year.	Feb 1, 2011 4:27 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
211	I believe there needs to be some more standards on the respite vendors as far as their hiring process, are the respite providers being fingerprinted, etc. and this needs to be across the board with all of the respite vendors. Also, there could be more checking in with the various vendors who are RC respite vendors on the quality of the respite care that is being provided. The parents need to feel comfortable with the respite vendor and know that this person that they are trusting with their child really knows how to handle someone with a developmental disability and more specifically, understands what their child needs.	Feb 1, 2011 4:31 PM
212	Respite is always useful and effective. People would have breakdowns otherwise and strain services even more.	Feb 1, 2011 4:51 PM
213	to check in with parents	Feb 1, 2011 5:14 PM
214	To ensure the services are useful and effective you can communicate with the consumer, family member(s), and respite worker(s) to provide feedback on the service.	Feb 1, 2011 5:16 PM
215	Provider should have to give NLACRC a bi-annual report on the patient's status.	Feb 1, 2011 5:30 PM
216	check in with the parents(the case workers)	Feb 1, 2011 5:52 PM
217	Monitor and get family feedback	Feb 1, 2011 6:05 PM
218	As determined by team and parent report.	Feb 1, 2011 6:06 PM
219	Review every year.	Feb 1, 2011 6:15 PM
220	the pay reat is high enough to hire a person for the job. help to find such person.	Feb 1, 2011 6:28 PM
221	Recently I had a case that the RC sent a NOA to the family to let them know their respite would be reduced to 30/mo, it went to a Fair Hearing, the OAH ruled in favor of the family, completing ignoring that the family had 283 hours of IHSS (the maximum) and the mother was the IHSS provider and the family had ample resources to pay for care that was needed. Of course, the elderly mother was tired, she was providing all of the IHSS, the answer is not respite, but to hire out for IHSS, but they did not want to give up the income. If DDS is asking RC's to make reductions, then we all including OAH need to be on the same page.	Feb 1, 2011 6:56 PM
222	Family satisfaction.	Feb 1, 2011 6:58 PM
223	satisfaction surveys	Feb 1, 2011 7:01 PM
224	Family and caregiver feedback.	Feb 1, 2011 7:25 PM
225	Ask the clients.	Feb 1, 2011 7:51 PM
226	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM
227	Not necessary if parent is the vendored party for in-home respite. Person served either qualifies, or doesn't, for the service. If services provided through and agency, vendors usually provide the Regional Center with either verbal or written feedback regarding the person served.	Feb 1, 2011 8:11 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
228	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
229	I've heard Babysitting/Day Care is also provided for parents that work. It's not well-known or well used. Could have saved me a lot of headache...and the eventual loss of my job for missing too much time from work for childcare. Respite is needed for emotional. Day Care needed to keep my job. My husband and I have used respite time to go to a quiet Starbucks and...get this... fill out our respite forms!	Feb 1, 2011 9:30 PM
230	N/A	Feb 1, 2011 9:32 PM
231	Send out parent surveys on how the respite is going. I have never received anything like this. Respite is very helpful because most parents of a thirteen old child do not have to still be paying for babysitting. If I didn't have respite, I would have to be paying for babysitting for the rest of my life.	Feb 1, 2011 9:38 PM
232	none	Feb 1, 2011 9:42 PM
233	Pay these people well enough so the turn over rate remains low. Consistency and being able to build a relationship with a care giver is most important.	Feb 1, 2011 9:46 PM
234	CASEWORKERS SHOULD FOLLOW UP WITH CLIENTS FAMILY. ALSO, EVERY RESPITE WORKER SHOULD HAVE A COMPLETE BACKGROUND CHECK OF COURSE.	Feb 1, 2011 9:57 PM
235	siblings should be included in the childcare. It is only fair that the parent get a chance to have peace and quiet from all of the children in the household. I think there should be some sort of limit to how many siblings and the ages of the siblings, but I think it's something that should be considered.	Feb 1, 2011 10:40 PM
236	Communication with the respite care company to make sure parents are satisfied with hours and the person they are using.	Feb 1, 2011 10:45 PM
237	As is.	Feb 1, 2011 10:53 PM
238	Talk to the parents that are receiving it! It is a Godsend at times to be able to go to dinner and have competent help for your child/adult!	Feb 1, 2011 11:34 PM
239	The current system is fine. The problem is finding providers.	Feb 1, 2011 11:43 PM
240	Ongoing annual evaluations to monitor the services are necessary.	Feb 1, 2011 11:55 PM
241	Via interviewing of consumer.	Feb 2, 2011 12:10 AM
242	Each child/consumer's level of respite care needed should be assessed and the appropriate type of respite care provided. Many families report that they have to go through multiple respite agencies before they find someone with the ability to manage their child's behavioral challenges. When families are not provided an adequate level of respite (eg, behavioral respite for a child with significant aggressive behaviors) early on, they are discouraged from the process and less likely to use it as needed to take breaks, attend education/training programs, etc.	Feb 2, 2011 12:15 AM
243	The parents should sign a survey at the end of month to evaluate the respite person's effectiveness.	Feb 2, 2011 12:30 AM
244	not sure	Feb 2, 2011 12:31 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
245	Families will have to provide proof of services by filing out the Respite service forms. If Respite takes place outside of the customer's house, there will be a background check.	Feb 2, 2011 12:46 AM
246	Voucher system would enable the parents to choose the very optimal arrangement for their own children.	Feb 2, 2011 12:47 AM
247	None.	Feb 2, 2011 12:54 AM
248	Depending on the specific service, it is hard to make sure. Services like respite and child-care are definitely useful.	Feb 2, 2011 1:14 AM
249	Parent choice of provider is very important.	Feb 2, 2011 1:18 AM
250	Have the parents or family members send a written statement every month as to how they benefited from the respite services.	Feb 2, 2011 2:13 AM
251	CARF. Care-provider surveys (just make sure they're shorter surveys than this one).	Feb 2, 2011 2:43 AM
252	Family is not looking for out of home placement	Feb 2, 2011 2:53 AM
253	Parent feedback	Feb 2, 2011 3:48 AM
254	Have provider of care plan activities park, walk, etc instead of staying home and watching TV	Feb 2, 2011 4:50 AM
255	Use agencies	Feb 2, 2011 5:25 AM
256	Audits; caregiver activity reports as part of payroll; pareent/relative feedback.	Feb 2, 2011 5:31 AM
257	IPP meetings.	Feb 2, 2011 6:00 AM
258	Parents fill out evaluations onthe quality of thier services.	Feb 2, 2011 6:10 AM
259	ASK. Make sure the respite care provider(s) is a good fit for the family, and that everyone is comfortable. Allow only licensed day-care providers, and inspect often for competency.	Feb 2, 2011 6:12 AM
260	Ensure safety of the child, adult in the service - need to have an unannounced inspection/visit. Interview staff and parents/caregivers, neighbors, others who have contact.	Feb 2, 2011 8:54 AM
261	Use only agencies	Feb 2, 2011 2:09 PM
262	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 3:41 PM
263	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 4:58 PM
264	Vendors whould guide parents to use the respite hours to attend to other family members, their own needs and basically do things that they would do if they did not have to constatntly provide supervision of their child or adult member of the family with DD. Family respite vendor DOES NOT work just because of this. Often families instead of taking temporarly time off they keep providing the service themselves.	Feb 2, 2011 5:47 PM
265	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 2, 2011 5:54 PM
266	Follow up with parents afterward	Feb 2, 2011 6:18 PM
267	Trainings in child development.	Feb 2, 2011 6:33 PM
268	Report to SC or to DDS	Feb 2, 2011 6:37 PM
269	a	Feb 2, 2011 6:52 PM
270	Let the parent choose the provider; we know our children the best. And it's easiest to control the quality of childcare with the parent being the boss able to fire the person.	Feb 2, 2011 6:57 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
271	Don't let parents use respite for work. Provide clear guidelines for its use.	Feb 2, 2011 7:22 PM
272	Solicit feedback from parents/caregivers. Monitor actual usage of hours (require report to be sent by RC vendor to RC case managers).	Feb 2, 2011 7:41 PM
273	Find some family that would be willing to take an adult for a short period of time so that the family can have some time without the client.	Feb 2, 2011 7:45 PM
274	Consumer/ family comment	Feb 2, 2011 7:47 PM
275	The problem is not that the services are useful and effective. The problem is that the caregivers don't exist. The only caregivers I was able to find to provide respite care were referrals from my daughter's school. No other agencies were helpful. So talking about standards is useless.	Feb 2, 2011 8:57 PM
276	check records for use	Feb 2, 2011 9:37 PM
277	Easter Seals, the Regional Center, and government standards provide a safe and reliable experience. I have been involved with constant review for potential change when necessary.	Feb 2, 2011 9:40 PM
278	MAKING SURE FAMILY MEMBERS HAVE THEIR TIME FOR LESIURED AS WELL.	Feb 2, 2011 9:45 PM
279	periodic monitoring	Feb 2, 2011 9:45 PM
280	questioners	Feb 2, 2011 9:49 PM
281	Quarterly reports surveys from provider and parents to identify effectiveness and adequacy of services.	Feb 2, 2011 10:06 PM
282	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
283	Consultation meetings FSP meetings	Feb 2, 2011 10:13 PM
284	That is a sticky one isn't it?? I'm afraid I'd have to differ to the pros on this one. Perhaps family/caregiver stress/effacacy regular surveys of respite time could be used as a yard stick as to it's efffectiveness?' Perhaps parent support groups could help facitlitate the survery process when available or a non profit could coordinate the process?	Feb 2, 2011 10:20 PM
285	Please previous topic response....	Feb 2, 2011 10:26 PM
286	Have a committee review hours not used.	Feb 2, 2011 10:28 PM
287	Usefulness and effectiveness of services should be termined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6)	Feb 2, 2011 10:29 PM
288	Respite is always effective. Families need a break or they will get burned out resulting in higher rates of hospitalizations and residential placement which will be a far greater cost to the state.	Feb 2, 2011 10:29 PM
289	Have more followup with the social worker who is responsible for that client	Feb 2, 2011 10:30 PM
290	Parental feedback.	Feb 2, 2011 11:10 PM
291	Set specific goals and document effect of respite. (a) if effectiveness is demonstrated, continue with periodic reassessments. If a family consistently uses fewer than their allotted number of hours, perhaps their hour allottment can be reduced. But do this in communicaiton with the family. (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS BASED ON COMMUNICATION WITH CONSUMER/PARENTS and needs assessment by CPC.	Feb 2, 2011 11:42 PM
292	As long as the persons providing respite are not criminals or vagrants, and are either trained to deal with an individuals special needs or are of a caring nature, the services provided are indeed useful and effective.	Feb 3, 2011 12:02 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
293	Ask the parents. Have them fill out surveys about the providers. Required providers to provide training for their workers. Let parents choose the agency they are comfortable with. Workers should be basic first aide, CPR and emergency trained, and also need to have training in the disability and/or medical needs of the client they are caring for.Wages should not be frozen. Experienced respite workers are valuable, they should not be forced out of the field because they are frozen at a buck above minimum wage.	Feb 3, 2011 12:21 AM
294	surveys, meetings with the family and companys	Feb 3, 2011 12:44 AM
295	Same answer as previous pages	Feb 3, 2011 12:46 AM
296	Put some paper works for parents to fill in.and provide them with resources to find respite care.	Feb 3, 2011 12:51 AM
297	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 1:03 AM
298	Evaluate the overall health of parent and child, the level of stress, etc.	Feb 3, 2011 1:07 AM
299	make sure it is part of a program intended to help the child develop skills, such as ABA, and not just baby sitting.	Feb 3, 2011 1:25 AM
300	cameras cameras cameras and good training	Feb 3, 2011 1:27 AM
301	monitored by regional center	Feb 3, 2011 1:33 AM
302	monthly evaluations	Feb 3, 2011 2:02 AM
303	A qualified service providor will maintain records and reporting to the consumer and regional center to make sure respite services are useful and effective to the consumer and their family.	Feb 3, 2011 2:04 AM
304	By meeting quatrly and taking data	Feb 3, 2011 2:16 AM
305	Establish clear guidelines.	Feb 3, 2011 2:24 AM
306	Listen to the opinions of families	Feb 3, 2011 2:36 AM
307	Quarterly check-in with regional center supervisor.	Feb 3, 2011 2:43 AM
308	same as above	Feb 3, 2011 2:55 AM
309	Random, unannounced visits by supervisory staff members can ensure effectiveness.	Feb 3, 2011 3:11 AM
310	The current respite care vendors cannot get qualified workers with the pay the regional center provides. A respite care worker should be qualified to deal with autistic children, but they would require more pay.	Feb 3, 2011 3:23 AM
311	This may be difficult. Respite hours can have a direct effect on the stress level of a family. Measuring that could be difficult.	Feb 3, 2011 3:32 AM
312	Have case provider check on consumer frequently.	Feb 3, 2011 3:33 AM
313	quaterly follow thru with families	Feb 3, 2011 4:43 AM
314	evaluate every 3 months, reevaluate, modify plan, implement plan	Feb 3, 2011 5:22 AM
315	Clocking-in and -out via phone and submitting a summary of how time was spent	Feb 3, 2011 5:57 AM
316	Whatever makes sense for individual families can be the most effective and useful.	Feb 3, 2011 6:07 AM
317	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:11 AM
318	Parents fill out survey	Feb 3, 2011 6:13 AM
319	review by annual meeting or feedback to agency by those who care for client and social worker	Feb 3, 2011 6:24 AM
320	Quarterly review of the need and appropriateness of the respite services by the regional center.	Feb 3, 2011 6:28 AM
321	need should be reviewed semi-annually using a tool	Feb 3, 2011 6:30 AM

Respite and Other Family Supports

3. Suggested service standards about how to make sure the services provided

	Response Text	
322	No Comment	Feb 3, 2011 6:53 AM
323	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:53 AM
324	quarterly evaluatins	Feb 3, 2011 6:53 AM
325	Review of organizations providing services.	Feb 3, 2011 7:32 AM
326	The Regional Center social worker should monitor the effectiveness.	Feb 3, 2011 7:48 AM
327	Provide 40+ hours a month, at a reasonable rate.	Feb 3, 2011 8:12 AM
328	annual reviews like with other agencies, also need to spread out the caseload because caseworkers are being overwhelmed.	Feb 3, 2011 9:13 AM
329	see 2	Feb 3, 2011 1:50 PM
330	Individualize it to the consumer needs. Some get this, some get that. Put a cap on the funding and whatever it is must meet the cap.	Feb 3, 2011 3:49 PM
331	There should be a state-wide guidelines in determining how much respite families should get. That way, there is a clear-cut policy and families will not be able to take advantage of the system. Hours should be rewarded based on objective criteria such as how many family members are in the area, what type of behaviors a consumer has, what type of care is necessary, etc.	Feb 3, 2011 3:50 PM
332	See above	Feb 3, 2011 4:42 PM
333	Current respite evaluation tool is very effective.	Feb 3, 2011 4:44 PM
334	Need to make sure care givers enjoy their time taking care of dependent.	Feb 3, 2011 4:51 PM
335	Just look to the research that is well-documented on the value of formal social support systems.	Feb 3, 2011 5:09 PM
336	Independent agencies should hire staff to work with families.	Feb 3, 2011 5:19 PM
337	All the time	Feb 3, 2011 5:24 PM
338	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:25 PM
339	RC monitoring; consumer report	Feb 3, 2011 5:27 PM
340	Again, let the services available to families on a needed basis with limited number of hours available; however, if services not utilize it defaults and does not carry over the following month.	Feb 3, 2011 5:29 PM
341	Parents should be able to complete a record of how respite time was used.	Feb 3, 2011 5:42 PM
342	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 5:50 PM
343	Monitoring of offered services, and taking parent feedback	Feb 3, 2011 5:52 PM
344	Reevaluate respite needs annually. Use service provider that is most cost effective and able to meet consumer's needs.	Feb 3, 2011 5:56 PM
345	send out consumer surveys	Feb 3, 2011 6:11 PM
346	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:19 PM
347	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:31 PM
348	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:32 PM
349	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:45 PM
350	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 6:50 PM
351	input from family members	Feb 3, 2011 6:53 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
352	(a) if effectiveness is demonstrated, continue with periodic reassessments. If a family consistently uses fewer than their allotted number of hours, perhaps their hour allottment can be reduced. But do htis in communicaiton with the family. (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS BASED ON COMMUNICATION WITH CONSUMER/PARENTS and needs assessment by CPC.	Feb 3, 2011 6:59 PM
353	I like the concept of Regional Center committee reviews. Supervisors must participate,	Feb 3, 2011 7:22 PM
354	Annual evaluation of needs.	Feb 3, 2011 7:26 PM
355	FAmilies should be allowed to choose provider. There seem to be an almost mafia like conspiracy which providers get contracts	Feb 3, 2011 7:39 PM
356	If the parent/family indicates the service is useful and needed, then keep it as is.	Feb 3, 2011 7:53 PM
357	Check on usefulness at IPP meeting. People lives change all the time	Feb 3, 2011 7:56 PM
358	The parent or the intermediate agency should keep careful records of the hours. For instance, we utilize UCP for our special sitter. We have to fill out a form for UCP, and they in turn have to submit paperwork to Regional.	Feb 3, 2011 8:04 PM
359	Only someone with a disabled child can fully comprehend the burden this has on a marriage. Many times our own family members are unable to care for our children. The only time I have to myself is during the day when I am cleaning my house, laundry, etc. In order for my marriage to continue we should be allowed some time to connect without worrying if a qualified individual is caring for our son. I don't have a child that i can take to daycare or with a friend... he is difficult to handle, aggressive at times, and even we deserve some mental health if its only by us having some alone time 1 every week or two.	Feb 3, 2011 8:21 PM
360	Parents will have to report if what they chose is working for them.	Feb 3, 2011 8:36 PM
361	Quarterly reports	Feb 3, 2011 8:41 PM
362	Each family will choose their own provider to ensure safety for their child.	Feb 3, 2011 8:51 PM
363	The respite services are useful and effective. We have accountability w/ our vendor and this keeps the hours accurate and useful.	Feb 3, 2011 8:51 PM
364	Measure their effectiveness every few months.	Feb 3, 2011 8:56 PM
365	Overseen by coordinator	Feb 3, 2011 8:58 PM
366	RC follow up with client	Feb 3, 2011 9:06 PM
367	Ask	Feb 3, 2011 9:23 PM
368	Reimburse parents and allow them to find and pay for their own caregiver without having to go through an agency, an unknown caregiver and mountains of paperwork.	Feb 3, 2011 9:27 PM
369	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 9:29 PM
370	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 9:29 PM
371	Families receiveing respite services should be required to take a stress level test, before respite and after respite- also request feedback from familes on how the respite service helps them	Feb 3, 2011 9:38 PM
372	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 9:48 PM
373	n/a	Feb 3, 2011 9:55 PM
374	N/A	Feb 3, 2011 10:14 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
375	take survey	Feb 3, 2011 10:23 PM
376	Just check with parents.	Feb 3, 2011 10:45 PM
377	Working in the respite programs I feel they are managed quite well. Families/workers are consistently followed up on compliance with the rules/regulations of respite. Our agency is continually upgrading systems to ensure better usage of all respite services.	Feb 3, 2011 10:59 PM
378	Periodic status reports from the service provider to the regional center on the use of the respite care by the family, etc.	Feb 3, 2011 11:01 PM
379	As currently set.	Feb 3, 2011 11:14 PM
380	Perhaps sending out questionnaires to consumers? Have the regional center managers check with parents on the effectiveness.	Feb 3, 2011 11:25 PM
381	Measure outcomes in terms of lack of family burn-out	Feb 3, 2011 11:36 PM
382	Regular checks with the family to see how they are doing with the services.	Feb 3, 2011 11:41 PM
383	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 3, 2011 11:47 PM
384	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 12:08 AM
385	Accountability for respite workers to log what they did with consumer during respite times.	Feb 4, 2011 12:32 AM
386	keep status quo	Feb 4, 2011 12:33 AM
387	Unsure but as someone who receives respite I can tell you that is absolutely essential and invaluable.	Feb 4, 2011 12:58 AM
388	each family assessed on an individual basis	Feb 4, 2011 1:00 AM
389	Spot check agencies to see if the work with client is progressing	Feb 4, 2011 1:24 AM
390	Ways in which they should make sure services that are being provided are useful and effective are by completing surveys by both the parents/consumers being provided the respite and by the actual employees that are doing the respite. Another way they should be sure of the effectiveness of the service is by monitoring where the money is going and being sure the money is going to the correct people for doing the correct work.	Feb 4, 2011 1:41 AM
391	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 1:58 AM
392	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 2:09 AM
393	Training for respite workers should be provided by regional center.	Feb 4, 2011 2:10 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
394	More supports are needed in this area, for instance parent-training for advocacy, drop-in child care places that can handle a range of disabilities, supervision for adult consumers after work or day program hours. Many people are not getting the amount of support that they need for their consumer with many needs, while others may be getting services, whereas the child or adult could be supervised without specialized care. As an example, a child with a mild intellectual disability (age 3) is cared for along with siblings ages 4 and 7 by the maternal grandmother. Mother is low-income. Payment is provided for the 3-year-old by the Regional Center, whereas the other children are supervised by grandmother for free. This type of conversation is very awkward to have with parents, and while the youngest child in this scenario may likely need more supervision and care than another child the same age, it is not clear that the grandmother is providing any type of specialized care. Why should the state pay for this? Unfortunately, many low-income families have come to see respite and daycare as almost a bit of an income generating endeavor for the extended family. One cannot quite blame them, but clearer limits and rules would help. Please note, there are parents who do have children requiring more care than usual. Programs such as parent-as-vendor help these parents actually use the support available from extended family or friends. Often, though family and friends exist, they also work full time and have other obligations. Being able to pay them for their time adds some reciprocity into the dynamics. Otherwise, parents are hesitant to call on their already over-extended network for the social support and respite that they so desperately need. Likewise, families without an informal network need to have reliable service providers for respite care so they can continue the hard work of raising a child with a developmental disability.	Feb 4, 2011 2:47 AM
395	Respite service is extremely useful for parents who have disabled children. It only takes someone with first hand experience to understand how important the respite service is. There is no question about it.	Feb 4, 2011 2:50 AM
396	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 2:51 AM
397	providers are getting burned out.....were are the summer camps for children who are in placement?	Feb 4, 2011 2:59 AM
398	Higher pay for the providers since there is constant turnover making it hard to get someone trained and able to care for the child.	Feb 4, 2011 3:05 AM
399	frequent servey.	Feb 4, 2011 3:29 AM
400	This is up to the IPP team.	Feb 4, 2011 3:55 AM
401	How the whole family is benefiting with this service.	Feb 4, 2011 4:03 AM
402	Third-party auditing of services	Feb 4, 2011 4:08 AM
403	An annual review form on the service provided by the client.	Feb 4, 2011 4:12 AM
404	As a family	Feb 4, 2011 4:13 AM
405	Again, this is very dependent upon the individual need and the local opportunities. You are not necessarily able to do this with a strict economic model.	Feb 4, 2011 5:18 AM
406	To be determined by the Individual Program Plan team and people directly involved with the consumer with the intention of giving the best possible service to the "consumer", families and caregivers.	Feb 4, 2011 5:30 AM
407	Continue the required training.	Feb 4, 2011 5:39 AM
408	Solicit and respect parent input.	Feb 4, 2011 5:53 AM
409	Survey users.	Feb 4, 2011 6:01 AM
410	Verify with the doctor that the client requires a significant amount of care and intervention. And bi-annual reporting from the family of how the service is useful and effective for them.	Feb 4, 2011 6:11 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
411	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 6:53 AM
412	1. Require the caregiver to met at least one objective per visit to assure that the respite s learning and deveoping a strong background.	Feb 4, 2011 7:29 AM
413	home and school	Feb 4, 2011 7:33 AM
414	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 7:46 AM
415	I find that CCL and Regional Center visits duplicative. Recommend that QMS be dissolved and that traditional QA use similiar indicator annual survey (like the one being used by CCL) to assess compliance w/ Title 17 and 22. Based upon QA results or patterns identified by Risk Management, frequency of case management visits to consumers and to service providers should be determined (so RSP with consistent positive reviews have less case management visits than RSP that have patterns of non-compliance).	Feb 4, 2011 2:39 PM
416	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 3:21 PM
417	Service worker to monitor by going to home and talk with client and phone conversations.	Feb 4, 2011 4:53 PM
418	Same as previous section	Feb 4, 2011 4:56 PM
419	N/A	Feb 4, 2011 5:02 PM
420	The usefulness and effectiveness of services should be determined by the IPP team at every meeting based on the individual needs of the consumer as described in the Lanterman Act	Feb 4, 2011 5:15 PM
421	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 5:21 PM
422	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 5:47 PM
423	This should be determined by the IPP/IFSP team.	Feb 4, 2011 5:54 PM
424	Certification and licensing of professionals. Feedback from consumers, if available.	Feb 4, 2011 5:58 PM
425	: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 6:15 PM
426	Consumer/family feedback.	Feb 4, 2011 6:23 PM
427	Feedback / questionaires from consumers using respite.	Feb 4, 2011 6:41 PM
428	Parent observation.	Feb 4, 2011 6:56 PM
429	Parent feedback and surveys regarding the care providers.	Feb 4, 2011 7:02 PM
430	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in The Lanterman Act section 4646.5 (a) (6).	Feb 4, 2011 7:13 PM
431	The same as previous #3.	Feb 4, 2011 7:22 PM
432	Review by Regional Center	Feb 4, 2011 7:46 PM
433	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 7:56 PM
434	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 8:16 PM
435	Listen to the parents.	Feb 4, 2011 8:25 PM
436	evaluations, home visits, and meetings with social worker	Feb 4, 2011 8:36 PM
437	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 8:43 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
438	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 9:00 PM
439	Set specific goals and document effect of respite. (a) if effectiveness is demonstrated, continue with periodic reassessments. If a family consistently uses fewer than their allotted number of hours, perhaps their hour allottment can be reduced. But do htis in communicaiton with the family. (b) if effectiveness is not demonstrated, MAKE MODIFICATIONS BASED ON COMMUNICATION WITH CONSUMER/PARENTS and needs assessment by CPC.	Feb 4, 2011 9:16 PM
440	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 9:22 PM
441	feedback from families on service.	Feb 4, 2011 9:28 PM
442	Monthly supervisory meetings	Feb 4, 2011 9:39 PM
443	Service Coordinator should visit the home.	Feb 4, 2011 9:44 PM
444	Usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in The Lanterman Act section 4646.5 (a) (6).	Feb 4, 2011 9:56 PM
445	IPP process, review of the services and communication between regional center case managers, the families and the service providers.	Feb 4, 2011 10:15 PM
446	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:15 PM
447	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act.	Feb 4, 2011 10:27 PM
448	Each child/consumer's level of respite care needed should be assessed and the appropriate type of respite care provided. Many families report that they have to go through multiple respite agencies before they find someone with the ability to manage their child's behavioral challenges. When families are not provided an adequate level of respite (eg, behavioral respite for a child with significant aggressive behaviors) early on, they are discouraged from the process and less likely to use it as needed to take breaks, attend education/training programs, etc.	Feb 4, 2011 10:37 PM
449	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:41 PM
450	If a need has been proven, this is a mute point - meet it!	Feb 4, 2011 10:44 PM
451	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:49 PM
452	Require OAH to provide training to judges on Lanterman Act, TItle 17, TBL and statewide service standards. These will not do much good it they are not truly understood by OAH.	Feb 4, 2011 11:06 PM
453	It is important to define what significant behaviors then determine how many hours are required. RC's need to coodinate with IHSS to ensure there is no duplication of services.	Feb 4, 2011 11:10 PM
454	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 11:20 PM
455	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 11:24 PM
456	Obvious, but survey every other year would be good.	Feb 4, 2011 11:28 PM
457	They will be useful!	Feb 4, 2011 11:44 PM
458	Survey and monitor by the Service Coordinators of the status of the family.	Feb 4, 2011 11:48 PM
459	Screen respite people to ensure there experience and quality.	Feb 5, 2011 12:28 AM
460	As long as the caregiver says its effective, it's effective.	Feb 5, 2011 12:29 AM

Respite and Other Family Supports

3. Suggested service standards about how to make sure the services provided

	Response Text	
461	IPP team determines if service is useful and effective. Lanterman Act 4646	Feb 5, 2011 12:35 AM
462	Allow only agency and employer of record respite - eliminate family member respite reimbursements.	Feb 5, 2011 12:45 AM
463	Usefulness and effectiveness of services should be determined by the Individual Program Plan (IPP) team at every IPP meeting, as described in The Lanterman Act Section 4646.5(a)(6).	Feb 5, 2011 12:47 AM
464	same	Feb 5, 2011 1:33 AM
465	periodic evaluations and feedback from a variety of sources, including but not limited to family members, the client if appropriate, an external assessor.	Feb 5, 2011 1:47 AM
466	No suggestions.	Feb 5, 2011 2:12 AM
467	To assist in a break sometimes and also develop us and train us to be able to properly handle and develop our son to the best of his capabilities	Feb 5, 2011 3:43 AM
468	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 4:01 AM
469	Ask caretakers being given respite care	Feb 5, 2011 4:33 AM
470	Monitor stress levels of parents including outcomes such as bankruptcy, hospitalization, divorce, etc. I would also suggest tying required education and social support groups for these families so they have skill-building during some respite hours.	Feb 5, 2011 6:01 AM
471	Let the parents be the vendors. This way you also can keep the cost down by eliminating the middle man.	Feb 5, 2011 6:01 AM
472	If everyone is happy, the service is useful and effective.	Feb 5, 2011 6:56 AM
473	This is measured and evaluated at every IPP meeting.	Feb 5, 2011 6:57 AM
474	Self directed service. Parent vendor service.	Feb 5, 2011 8:07 AM
475	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act.	Feb 5, 2011 2:50 PM
476	Behavior Services trained Respite workers are most useful and effective in taking care of Developmentally Disabled children.	Feb 5, 2011 3:57 PM
477	Careworker should evaluate each family and their individual needs to determine appropriate amount of respite services that would be of benefit to the family.	Feb 5, 2011 4:24 PM
478	Have the parents drop off their kids at a center or something to get a break.	Feb 5, 2011 4:41 PM
479	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 5:31 PM
480	Maintain the current hours offered. A reduction would be devestating. The respite hours we have qualified for in our Regional Center have been absolutely essential for us with a child with autism. It helps recharge us for the long days we have when encountering behavioral problems and all of the extra stress associated with a child with special needs.	Feb 5, 2011 6:32 PM
481	same as first set	Feb 5, 2011 6:41 PM
482	not sure	Feb 5, 2011 8:24 PM
483	I oppose POS standards. Please refer to the Lanterman Act section 4646.5 (a) (6).	Feb 5, 2011 9:06 PM
484	Parents who have this service should submit their monthly progress report or survey for themselves.	Feb 5, 2011 10:10 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
485	Respite is needed for the parent who has more stress then typical development children/adult. Respite can be used for functions that would cause family stress and a window of normal life. Other children activities, parent classes, stress away from child for a short time.(even a weekend to look forward to)	Feb 5, 2011 10:20 PM
486	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 5, 2011 10:59 PM
487	The IPP determines usefulness and effectiveness of these services at IPP meetings, per The Lanterman Act, Section 4646.5 (a) (6).	Feb 5, 2011 11:43 PM
488	certifications	Feb 6, 2011 12:38 AM
489	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team, including the above, must retain the ability to determine if the services and supports provided to the consumer are effective.	Feb 6, 2011 5:57 AM
490	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 6:07 AM
491	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 4:40 PM
492	Management involvement, meetings with staff for improvement.	Feb 6, 2011 5:14 PM
493	Parents and care giver should be rein burst all the financial that they pay out for their home respite care.	Feb 6, 2011 6:01 PM
494	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 6:51 PM
495	they work perfect when govt gets out of the way. you don't need a case work to admin. this program.	Feb 6, 2011 8:09 PM
496	There has to be some element of intelligence and logic in decisions. I was told by the nurse Helen something at NLACRC that my daughter could only have respite if provided by an LVN, but there were no LVN's available to do home healthcare because they could make twice as much money in a hospital. Some agencies take way too much of the RC payment and not enough goes to the caregiver. Agencies need lower overhead and more efficient management. They're making too much money at the expense of our family members.	Feb 6, 2011 9:02 PM
497	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 6, 2011 11:02 PM
498	Monitoring respite care providers by contacting all involved.	Feb 6, 2011 11:06 PM
499	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 5:16 AM
500	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 6:46 AM
501	the pay is so poor that the recruiting agencies can't get qualified people. anyone the agency sent was horrible. I always have to find my own or get a family member to sign up. I think most parents either supplement the pay or giving credit for more hours than actually worked. If you don't you won't be able to keep a decent person working for you. I am desperate for some real respite but just can't afford it.	Feb 7, 2011 7:27 AM
502	measuring level of stress	Feb 7, 2011 7:38 AM
503	Audit the consumers who exchange monies for respite.	Feb 7, 2011 8:06 AM
504	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 2:48 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
505	The IPP team needs to determine the usefulness and effectiveness at the IPP team meetings, per The Lanterman Act.	Feb 7, 2011 3:37 PM
506	Parents should receive training possibly like the behavior management services training to make sure they understand how to use the hours.	Feb 7, 2011 4:32 PM
507	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 7, 2011 5:47 PM
508	The IPP team determines the usefulness and effectiveness of services at every IPP meeting, as described in the Lanterman Act ection 4646.5 (a) (6).	Feb 7, 2011 6:23 PM
509	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 7:54 PM
510	Close attention to the organizations that hire, train, manage respite workers. Look for ways to streamline this process and make sure it is being run professionally. UCP has a parent website to check that hours are reported correctly. They do surveys of clients to make sure the respite care is of high quality (surveys done at least twice a year).	Feb 7, 2011 8:31 PM
511	This requires feedback from the family and monitoring by the regional center caseworker.	Feb 7, 2011 8:39 PM
512	Monitoring of offered services, and taking parent feedback	Feb 7, 2011 9:32 PM
513	If the child is home in a loving environment and is thriving, then that is your standard	Feb 7, 2011 10:09 PM
514	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 7, 2011 10:10 PM
515	provide work schedule, list of exhausted natural supports.	Feb 7, 2011 10:45 PM
516	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
517	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
518	The IPP team should determine usefulness and effectiveness at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a)(6).	Feb 7, 2011 11:24 PM
519	During the yearly IPP, parents should report as to how the services have been useful or not and whether or not the services are still needed.	Feb 8, 2011 1:05 AM
520	If the care provider is happy [aka: well-rested, provided time for themselves, etc], then most likely the consumer is happy.. which means, the CPC is happy.	Feb 8, 2011 1:09 AM
521	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 1:14 AM
522	Ask caretaker if it's helping and allowing respite.	Feb 8, 2011 1:31 AM
523	ask parents	Feb 8, 2011 2:00 AM
524	Again spontaneaous oversight seems to be the best way.	Feb 8, 2011 2:22 AM
525	family report, list of individuals cleared to provide these services through each agency for parents to contact	Feb 8, 2011 2:23 AM
526	By a health care provider	Feb 8, 2011 2:23 AM
527	Ask any parent with a special needs child. It can take its toll, so personal time to gain perspective and try to do "normal" adult things is VERY useful and effective.	Feb 8, 2011 3:48 AM
528	Parent training: when the family feels empowered and equipped with the tools to make them successful with their child.	Feb 8, 2011 3:50 AM
529	Monthly monitoring	Feb 8, 2011 3:57 AM
530	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 4:19 AM
531	See number 2 above.	Feb 8, 2011 4:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
532	If the child remains in the family home and they haven't killed him, the respite is working.	Feb 8, 2011 4:42 AM
533	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 5:37 AM
534	By parent feedback.	Feb 8, 2011 5:38 AM
535	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 6:11 AM
536	Surveys, questionnaires.	Feb 8, 2011 6:17 AM
537	Before & after pics - how do you currently evaluate this?	Feb 8, 2011 6:32 AM
538	These service should be given to the family member, but the Regional Centers make it hard for the family members to get it. It is very challenging to take care of a consumer. It would be useful when the Regional Centers don't give family members a hard time and when the services are flexible.	Feb 8, 2011 7:10 AM
539	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 3:42 PM
540	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 4:28 PM
541	Stick to 24 hours and eliminate Family Member Respite. Only use vendored respite.	Feb 8, 2011 4:49 PM
542	again, have people who are trained and have an idea about the diagnosis of that person. just because they have cpr/first aid card does not make them qualified to deal with behavior disorders.....give classes, people who are interested and looking for work will attend	Feb 8, 2011 5:53 PM
543	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 5:54 PM
544	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 6:05 PM
545	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 7:58 PM
546	Need more feedback from families. Recent abuse awareness has helped.	Feb 8, 2011 7:59 PM
547	Respite should depends on individual person, depends on how severe their disability are, and also how hard to talk care of them, some person should get more, some get less, and some should not get any respite at all.	Feb 8, 2011 9:01 PM
548	We need to make sure the ones that are using this service are doing it right.	Feb 8, 2011 9:01 PM
549	Require facilities to develop and implement a specific program for each client based on the duration of the respite care. May need to coordibate with RCCs to ensure continuity and familiarity of program.	Feb 8, 2011 9:02 PM
550	Those services outlined in the program for the consumer.	Feb 8, 2011 9:12 PM
551	by evaluations done every 7 wks for this type of service	Feb 8, 2011 9:31 PM
552	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 9:39 PM
553	imput from families	Feb 8, 2011 9:53 PM
554	as is now	Feb 8, 2011 10:10 PM
555	Social worker works with the family/parent to ensure that the services are working with their schedule and provide necessary care so that the parent can work outside the home without worrying about their child.	Feb 8, 2011 10:47 PM
556	Creating a standar assessment tool for all RCs to follow and be consistent.	Feb 8, 2011 11:20 PM
557	There should be many providers to choose from, and no exclusive, no-competition contracts.	Feb 8, 2011 11:34 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
558	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 8, 2011 11:57 PM
559	I trust my IPP team to review the usefulness of my son's services.	Feb 9, 2011 12:18 AM
560	Doing quartly check-up.	Feb 9, 2011 12:52 AM
561	documentation	Feb 9, 2011 12:58 AM
562	Answer: Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:29 AM
563	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 1:30 AM
564	same	Feb 9, 2011 2:28 AM
565	All parents need respite/Daycare it is crucial. This question is ridiculous	Feb 9, 2011 3:26 AM
566	Regional center workers evaluation.	Feb 9, 2011 3:45 AM
567	I believe that if caregivers are using the services, they are very useful and effective.	Feb 9, 2011 5:31 AM
568	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 5:43 AM
569	send in a spy to evaluate the progress.	Feb 9, 2011 6:15 AM
570	Follow up with parents, every other month. Email or mail a document asking how they use their respite, is it ENOUGH. Do they have the right Respite worker for them? Make sure the parent/s respond back within a 2 week time frame. This is a "very important and crucial service that Regional Centers have and one of the greatest benefits to both parents and chid/adult	Feb 9, 2011 7:22 AM
571	Require minimum standards for providers; monitor what services are bring used for.	Feb 9, 2011 8:55 AM
572	Consistent follow up with service providers.	Feb 9, 2011 4:00 PM
573	I am very please with the current services. The ability to hire care provider is very helpful.	Feb 9, 2011 4:03 PM
574	Services should be monitored by all the IPP team members. It should be ensured that services are delivered in the manner to which it was agreed by the IPP team. Area Boards should continue to monitor consumer quality of life.	Feb 9, 2011 5:38 PM
575	Enforce using generic resources if available.	Feb 9, 2011 5:54 PM
576	ongoing review of family's stress and relief needed	Feb 9, 2011 7:09 PM
577	Surveys of respite providers	Feb 9, 2011 7:24 PM
578	Quality Assurance coordinator from Regional Center should monitor effectiveness.	Feb 9, 2011 7:44 PM
579	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 7:59 PM
580	Parental feedback	Feb 9, 2011 9:06 PM
581	Results of IPP plan. Usefulness and effectiveness of services should be determined by the IPP Team at each IPP meeting as described in the Lanterman Act Sec. 4648A.	Feb 9, 2011 9:18 PM
582	Again, ask the client. How are they doing with the services and providers? As it stands now, the protocol is for the RC Case Manager to check in once a year at the annual IPP meeting and if the client needs to change anything, they/their family calls their Case Manager and evaluates the situation.	Feb 9, 2011 9:35 PM
583	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting. as described by in the Lanterman Act Section 4646 (a) (6).	Feb 9, 2011 9:50 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
584	follow up with social worker	Feb 9, 2011 9:56 PM
585	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:09 PM
586	quarterly/2 x yearly update meetings	Feb 9, 2011 10:18 PM
587	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:44 PM
588	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 9, 2011 10:54 PM
589	Not sure	Feb 9, 2011 11:35 PM
590	same as currently available	Feb 9, 2011 11:40 PM
591	Evaluations done by the Regional Center.	Feb 9, 2011 11:48 PM
592	These standards already exist	Feb 10, 2011 12:04 AM
593	Evaluation survey completed by the parents / care-giver / consumer.	Feb 10, 2011 12:38 AM
594	Operating Guidelines as per Community Care Licensing with Licensing Program Analyst made aware of placement. Again, SGPRC - is doing a double job as C.C.Licensing	Feb 10, 2011 12:53 AM
595	Family satisfaction and ability to maintain the consumer living in the household.	Feb 10, 2011 1:04 AM
596	a happy healthy family in a safe secure environment is the answer.	Feb 10, 2011 3:35 AM
597	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 8:10 PM
598	It is consider useful if the person and the family are feeling more comfortable. Problems are getting less and less.	Feb 10, 2011 8:42 PM
599	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 9:34 PM
600	Monitor and review the service quarterly , request document form the client/ provider of the service.	Feb 10, 2011 9:49 PM
601	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 10, 2011 10:04 PM
602	The smile on the foster parents face and the retention of families are rested because of this service	Feb 10, 2011 10:33 PM
603	Regional Center coordinator to monitor.	Feb 10, 2011 11:36 PM
604	They give the consumer a feeling of contributing to society..because they make friends and do different projects. Without this service....they would not have the opportunity to do this.	Feb 10, 2011 11:49 PM
605	Ask the parents/caregivers if it is useful!!!	Feb 11, 2011 12:18 AM
606	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 12:28 AM
607	Respite care can involve a feedback survey from the relieved caregiver.	Feb 11, 2011 12:44 AM
608	One Respite Agency I know of does do a good job of preventing fraud. They make sure the Respite Provider takes courses and contacts the Service Coordinator when they suspect the Respite Provider is giving the money to parent. Service Coordinators can check to see if the family is using thier respite every month.	Feb 11, 2011 1:26 AM
609	The all need to be screened and well qualified through the agencys	Feb 11, 2011 1:30 AM
610	The usefulness and effectiveness of services should be determined by the IPP team for each individual at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 11, 2011 3:25 AM
611	Family should be able to determine that.	Feb 11, 2011 3:44 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
612	If person has medical device or condition then the person giving respite must be trained appropriately.	Feb 11, 2011 4:51 AM
613	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:12 AM
614	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:23 AM
615	no idea.	Feb 11, 2011 5:32 AM
616	They should provide the services as an incentive to the child more stimulation	Feb 11, 2011 5:44 AM
617	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 5:46 AM
618	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:19 AM
619	Follow up.	Feb 11, 2011 6:31 AM
620	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:36 AM
621	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 6:48 AM
622	ISP documentation.	Feb 11, 2011 8:30 AM
623	Again providing families with quality agencies that are there to provide a safe environment for our children.	Feb 11, 2011 1:09 PM
624	Give a survey to the parents	Feb 11, 2011 5:07 PM
625	These services are effective and successul when they allow clients to remain at home with their families. We ought to provide more day care services with trained staff. I think this would cut costs in other areas, as I have mentioned. I think it was a huge mistake to cut respite and day care out of the budget. It just created cost shifting to more expensive services.	Feb 11, 2011 6:00 PM
626	Usefulness and effectiveness of services should be determined by parents.	Feb 11, 2011 6:13 PM
627	I believe parent vendor respite should be done away with. Too many parents are saying they have a provider but I believe most of them or their own provider and regional center have no idea. Make it harder for this to happen. Then, if it is found out that a prent is doing the respite, then prosecute them like you would for anyone else who committed fraud.	Feb 11, 2011 6:18 PM
628	This is already reviewed when the family has the annual IPP meeting.	Feb 11, 2011 6:33 PM
629	For the IPP team to gather data and input from the person needing support and their circle of support.	Feb 11, 2011 6:56 PM
630	Quality control, know is is taking care of your child, brother sister. This is the parents responsibility	Feb 11, 2011 6:59 PM
631	survey and return phone calls hear the patient and ask and ask again	Feb 11, 2011 7:26 PM
632	Not sure how to measure this.	Feb 11, 2011 7:34 PM
633	Regional Centers should not violate policy's providing more respite to employees family member's, board members, or families who threatan to sue. All services should remain consistent with policy.	Feb 11, 2011 8:01 PM
634	By documentation and ensuring that it is helping the families as well as the consumer. You can see a happier family too we all need a break from one another.	Feb 11, 2011 8:11 PM
635	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
636	Ask the person receiving respite if they are benefiting from the respite?	Feb 11, 2011 8:58 PM
637	Surveys.	Feb 11, 2011 9:30 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
638	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 9:48 PM
639	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 9:49 PM
640	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 9:49 PM
641	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 11, 2011 9:54 PM
642	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 9:54 PM
643	None	Feb 11, 2011 9:54 PM
644	feedback from consumers and their families	Feb 11, 2011 9:56 PM
645	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 9:56 PM
646	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 9:58 PM
647	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:05 PM
648	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:15 PM
649	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:19 PM
650	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:21 PM
651	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:23 PM
652	It needs to be more clearly defined - can an in-home respite worker take the client out alone into the community in the worker's private vehicle. Can an in-home respite worker take the client outside of the home, walking to the park without a parent. Social skill building services need to be time limited, they need to be provided by BCBAs, and each child needs to have their specific needs and goals outlined and reported on quarterly. It has to be clear to all that any program, whether it is in the home or at a provider's location must be monitored by QA and case management for progress. If progress is not being made, like any other ABA program it can be discontinued.	Feb 11, 2011 10:32 PM
653	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:39 PM
654	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 10:44 PM
655	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 11, 2011 10:45 PM
656	Perform quarterly reviews	Feb 11, 2011 10:55 PM
657	How stressed the parents are. How the parents are handeling the disability.	Feb 11, 2011 10:58 PM
658	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 11:01 PM
659	There should be a clear cut written guidelines,there should be an audit to make sure it is not being frauded by unscrupulous people.There should be a written acknowledgement(getting signatures) that the parent/caregiver understands how the program work.	Feb 11, 2011 11:11 PM
660	Parent satisfaction and demonstrated use of services.	Feb 11, 2011 11:35 PM
661	Parent satisfaction and demonstrated use of services.	Feb 12, 2011 12:03 AM
662	Parent satisfaction and demonstrated use of services.	Feb 12, 2011 12:19 AM
663	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 1:20 AM
664	feedback from family of the disabled	Feb 12, 2011 1:47 AM
665	Satisfaction reports from families	Feb 12, 2011 2:46 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
666	Usefulness and effectiveness should be determined by IPP team at every IPP meeting as described in the Lanterman Act Section 4646.5 (a) (6)	Feb 12, 2011 2:50 AM
667	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 3:41 AM
668	Quarterly evalutions from parents and caregivers.	Feb 12, 2011 4:05 AM
669	use qualified respite care workers / workers should understand the nature of the disability of the consumer and where possible engage the consumer in appropriate and enjoyable home activities.	Feb 12, 2011 4:14 AM
670	Caregiver should document the usage of respite hours and show how it is being used. Similar to current system being used.	Feb 12, 2011 5:08 AM
671	weekly	Feb 12, 2011 6:00 AM
672	See previous answers.	Feb 12, 2011 6:30 AM
673	It is intuitive that respite is useful and effective to the consumer's family.	Feb 12, 2011 6:50 AM
674	Regional Centers.	Feb 12, 2011 6:55 AM
675	Make no mistake..they are useful. No need to track for oversight. Have parents fill in a form as to what they will use respite for.	Feb 12, 2011 8:08 AM
676	n/a	Feb 12, 2011 1:57 PM
677	Audits and reports	Feb 12, 2011 3:30 PM
678	The service is useful but not so effective. I couldn't use up the hours given to because Often times I can't get s.o. who are qualify or able to be hired. And I can't hire myself to keep him at side as an attendant. I wish by honesty, I can use this 24-hour-a-month benefits. For instance, I have many offered get-away opportunities, I would like to bring him with me since I can't find anyone else, the time that I care for him during those get-away hours should be able to be charged on Respite.(It is a contant care that other than parent can't do.) But, no. So I forfeit those hours. Who is going to get those unused hours? Return to the Federal/State? Where did it go? I lost many opportunities to get-away, b/c of this RULE. It sounds unbelieveable--The Respite is for ME to have some rest away from caring, but ended on becoming a block for my restful needs. (This may be difficult for you to understand. I'm speaking of the truth, nothing but the truth in God I be honest and in trust.)	Feb 12, 2011 4:07 PM
679	That is a difficult one because unless you spend the time with them you will not know. I had him in a program long ago that ended up not being very good. He came home form a camping trip of 6 days and was still wearing the same clothes he left in and his suit case had not been touched. No one paid attention that he stunk and had not bathes in all that time nor changed his clothes. Unqualified care providers need Schooling.	Feb 12, 2011 4:44 PM
680	In some states the families are given a voucher to use for "respite", the money given ahead of time and then the family just pays for things as they need it. Respite should include, the respite worker going with you to help you with the person with a disability, or using it to fund special events that will actually give "respite' to family member because the client/consumer is having a good time, either with the caregiver present or dropped off. There should not be a mandatory requirement that the care giver never be present, that is not always the way the families might want to do it. We haven't used our respite hours because of the way the requirements have been sent up in the past.	Feb 12, 2011 4:46 PM
681	Parents who give most of the services to clients are given respite hours to prevent burn-out. Client benefit also when primarily care-givers are given time for other interests outside the home.	Feb 12, 2011 4:51 PM
682	submission of documents nedcessary for the service	Feb 12, 2011 5:10 PM

Respite and Other Family Supports

3. Suggested service standards about how to make sure the services provided

	Response Text	
683	Advisory group that includes professionals and parents.	Feb 12, 2011 5:13 PM
684	Any service that helps out the parents in dealing with their kid or giving them a break or helping out the family in whole should be provided.	Feb 12, 2011 5:25 PM
685	The current standards of having a non-relative over 18 years old sounds good, but is unrealistc. We gave up respite because we could not find anyone over 18 who would watch our son (other than his grandparents). Super sitters (teens who are trained with special needs children) should be allowed to qualify as respite workers. Lowering the age to 15 or 16 would provide a lot more help to families.	Feb 12, 2011 5:55 PM
686	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:13 PM
687	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 6:25 PM
688	yearly evaluation by SARC to determine that services are helpful and useful to family/consumer.	Feb 12, 2011 6:30 PM
689	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 7:16 PM
690	Make sure the provider is legitimately providing the service.	Feb 12, 2011 7:22 PM
691	Polling of parents using proven instruments.	Feb 12, 2011 8:26 PM
692	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 12, 2011 8:32 PM
693	appropriate number of hours provided as to not create misuse of hours	Feb 12, 2011 8:33 PM
694	annual feedback to regional center	Feb 12, 2011 9:06 PM
695	Standards for respite should always be high and without problems. That's what respite is all about.	Feb 12, 2011 9:30 PM
696	Meetings and regular contact between parents and Regional Center case manager can be very effective in this situation.	Feb 12, 2011 10:02 PM
697	Allow family to relax and participate in daily living activities, attend to other children, teach life skills.	Feb 12, 2011 10:21 PM
698	Maintaining a families level of functioning should be the goal of any respite. Measures of this can be extrapolated by the level of supports needed for a particular family. Mental health measures could also be considered when determining the usefulness and effectiveness of respite. Therapeutic respite's effectiveness is easily determined by the client's ability to return to and stabilize in their home environment.	Feb 12, 2011 10:22 PM
699	perhaps the threshold of who qualifies for respite should be raised.	Feb 13, 2011 12:25 AM
700	Small group homes should have a bed for respite opportunities. Gosh, we have animal hotels for people who go on vacation. It would be nice for a couple or single parent to get away for a weekend knowing that their child will be taken care of well.	Feb 13, 2011 12:28 AM
701	horrible idea	Feb 13, 2011 12:40 AM
702	Indivual must be trained to handle the disabled individual alone, allowing the family to leave the home.	Feb 13, 2011 1:20 AM
703	Auditing and parent feedback.	Feb 13, 2011 1:51 AM
704	Have discussion with case worker	Feb 13, 2011 3:39 AM
705	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6)	Feb 13, 2011 3:48 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
706	Respite has been missed used when given to the parents in form of monthly payments. I think everyone should have to use respite hours provided by respite agencies.	Feb 13, 2011 4:05 AM
707	Evaluated by the service provider, care giver.	Feb 13, 2011 4:34 AM
708	Send some observation team on each of this family and formulated through parents and teachers and civic organization Sevices standard can be set on how effective and useful is the respite care.	Feb 13, 2011 5:40 AM
709	Keep a watchfull eye on the people who are providing care. Think of them as your family how would you treat them.	Feb 13, 2011 6:10 AM
710	Make sure all vendors are licensed. Employees should have some knowledge of the type of individual they will be taking care of. (down syndrom, autism, cerebral palsy.....)	Feb 13, 2011 6:54 AM
711	to be a little more flexible in how the time can be used especialy with sibblings	Feb 13, 2011 7:03 AM
712	Parental self report of stress reduction.	Feb 13, 2011 8:11 AM
713	As previously stated.	Feb 13, 2011 8:18 AM
714	As previously stated, services should not be utilized as day care services. IHSS services should also be referenced when appropriate. Hours should be based on parental need and with considerations to the overall family dynamic (re-how many children in the home, other siblings with developmental disabilities, etc.) Assist vendor respite service providers by writing authorizations with flexibility for the family. Therefore, issue authorizations with a set amount per year or quarter....rather than setting weekly and/ or monthly limits.	Feb 13, 2011 8:27 AM
715	At least 1 hour must be used every month or the coverage will be terminated after 3 months of non-usage.	Feb 13, 2011 10:36 AM
716	See above	Feb 13, 2011 1:53 PM
717	Make sure the respite come to the house to baby sitting - not carry their big bag and personal thing to do. or even send text message. It's understand that respite can answer the personal phone call, emergency from their own family, but do not seat there keeping sending the text message after messages. Some time I have respite coming with their own material, checking on their work. Why... why bother go to work, why don't they staying home and take care their personal stuff. My child is needed them. My child had the right to be take care not join by someone who is doing nothing.	Feb 13, 2011 3:13 PM
718	Flexibility of who to use for taking care of our child.	Feb 13, 2011 3:57 PM
719	The key is to allow each family to decide for itself what is the best way to use the respite services. Sometimes it's to fill in for someone who is ill. Sometimes to provide transportation. Sometimes just to provide an extra pair of hands.	Feb 13, 2011 6:02 PM
720	respits services has been helpful / useful for my child who is non verbal, elopes, and has aggressive behaviors (hitting self and others), touches stoves, crosses street without looking. since i am the family caregiver,	Feb 13, 2011 6:19 PM
721	Assess the individual situation	Feb 13, 2011 6:32 PM
722	keep the current standards	Feb 13, 2011 7:15 PM
723	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 13, 2011 7:18 PM
724	The respite worker should be trained about patience.	Feb 13, 2011 7:46 PM
725	Social workers call or written survey.	Feb 13, 2011 8:30 PM
726	Ask the consumer when possible. Ask family members. Talk with neighbors and family associates.	Feb 13, 2011 8:42 PM
727	Feedback from the parents.	Feb 13, 2011 9:17 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
728	Periodic review.	Feb 13, 2011 9:19 PM
729	all physical activities are good. it allows the person to be able to use their minds and not just sit around being couch potatoes.	Feb 13, 2011 9:21 PM
730	Regional Center to determine the most useful services, check the qualifications and history of effectiveness of the services.	Feb 13, 2011 9:26 PM
731	good question	Feb 13, 2011 10:22 PM
732	Social worker checks in with the consumer.	Feb 14, 2011 12:09 AM
733	As presently required	Feb 14, 2011 12:19 AM
734	quarterly visits and telephone contacts with the family to determine.	Feb 14, 2011 12:21 AM
735	Commonly accepted standards of professional licensure/certification (in the case of child care or adult day care), and qualification (in the case of respite care, parent training, and advocacy) should be followed.	Feb 14, 2011 1:23 AM
736	Surveys from the parents/families and even service providers to evaluate if the service is useful to the client and/or parents.	Feb 14, 2011 1:58 AM
737	If the care giver has been providing services for a month - then eligibility should be automatic.	Feb 14, 2011 1:58 AM
738	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 2:01 AM
739	Measured and evaluated closely!	Feb 14, 2011 2:48 AM
740	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 3:28 AM
741	This should be examined by the team at every IPP meeting	Feb 14, 2011 3:47 AM
742	with paperwork filled out by daycare of providers of services.	Feb 14, 2011 4:48 AM
743	Ensure the person providing the service has basic training including CPR, first aid.	Feb 14, 2011 5:10 AM
744	No service should be provided without follow-up . See previous answers to this question. Obviously, this service is less effective if the frequency has been reduced.	Feb 14, 2011 6:16 AM
745	My friend takes care my son at after school. I work part-time twice a week about 8-hours.	Feb 14, 2011 9:08 AM
746	These breaks should allow both the caregiver and the disability individual to 'rest' and recoup from the demands of caring for the individual with disabilities.	Feb 14, 2011 4:14 PM
747	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 4:18 PM
748	The services are useful and effective when they meet the individual needs of the consumer. For example, my son needs assistance with self-help, toileting, and transferring from his wheelchair to a regular chair or couch. In his case, an effective service provider is one who fulfills these needs, while being very positive and encouraging.	Feb 14, 2011 4:34 PM
749	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 4:35 PM
750	Parent/caregiver surveys	Feb 14, 2011 4:47 PM
751	Parent selected employee	Feb 14, 2011 4:48 PM
752	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 5:09 PM
753	should be determined by a qualified personnel	Feb 14, 2011 5:24 PM
754	Home assessments where a service coordinator can meet client and caregiver will would create a very good opporunity to understand the unique needs of the client, as well as the health and needs of the caregiver for respite.	Feb 14, 2011 5:26 PM
755	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:36 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
756	Once again, In my opinion RC's Policies & Guidelines (at least where I work) are clear and plane. We all (family members, staff & management) should follow them to the letter. My only suggestion is to have ALL Respite Person Providers to complete CPR & First Aids trainings, and Behavior Modification Trainings and/or Parenting Class Training for all families where is a consumer with behavioral challenge needs. Often times this is the factor for "exceptions" made. We should not fund for services where is not warranty that the provider is not able to deal with the individual's challenging needs.	Feb 14, 2011 5:54 PM
757	Qualified Case Managers	Feb 14, 2011 6:11 PM
758	Parent satisfaction, demonstrated use of services, and how well (percentage) goals are met.	Feb 14, 2011 6:15 PM
759	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 6:16 PM
760	Parents can take this opportunity to be involve with their other child(ren) who are still attending school. Run errorns	Feb 14, 2011 6:16 PM
761	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 6:21 PM
762	This should be eliminated immediately	Feb 14, 2011 6:30 PM
763	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 6:31 PM
764	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 6:32 PM
765	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 6:32 PM
766	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 6:34 PM
767	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 6:38 PM
768	My friend takes care my son at after school. I work part-time twice a week about 8-hours.	Feb 14, 2011 6:44 PM
769	Family satisfaction.	Feb 14, 2011 6:59 PM
770	Parents can share with RC if the services are helpful and useful. Respite vendor can also share there side of how the services are working out.	Feb 14, 2011 6:59 PM
771	see progress and a happier home for parents and siblings	Feb 14, 2011 7:03 PM
772	my friend takes care my son at after school. i work part time twice a week about 8 hours	Feb 14, 2011 7:07 PM
773	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 7:11 PM
774	Usefulness and effectiveness of services should be determined by the IPP team	Feb 14, 2011 7:29 PM
775	none	Feb 14, 2011 7:30 PM
776	usefulness and effectiveness of services should be determined by the IPP team at every IPP meeting as described in the Lanterman Act 4646.5 a 6.	Feb 14, 2011 7:32 PM
777	Usefulness and effectiveness of services should be determined by IPP team at every IPP meeting	Feb 14, 2011 7:37 PM
778	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 7:51 PM
779	FAMILYS WHO CAN REALLY FIND THIS SERVICE THAT WORKS FOR THE CHILDRENS NEEDS.SOMEHOW IT WOULD SHOW THE IMPROVEMENT ON THIS CHILDREN HOW HAPPY THEY ARE WITH COMPANYS WHO PROVIDE SERVICES.PARENTS SHOULD RATE THE SERVICE PROVIDERS ON A SCALE.	Feb 14, 2011 8:10 PM
780	AT LEAST ONCE A MONTH IF NOT MORE...	Feb 14, 2011 8:26 PM
781	Respite centers are a good idea. Parent vendored respite is abuse of the system waiting to happen. All respite should either be through an agency or be employer of record. Mileage reimbursement needs to be monitored.	Feb 14, 2011 8:35 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
782	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 9:03 PM
783	Follow-up with parents and agencies on status of usage maybe??	Feb 14, 2011 9:13 PM
784	Have qualified professionals designate the criteria and standards.	Feb 14, 2011 9:13 PM
785	Family member respite is preferred by most families.	Feb 14, 2011 9:33 PM
786	Terminate parent-vendored respite	Feb 14, 2011 9:42 PM
787	Thru Regional Center and the facilites that provide these services. On quarterly and annual reviews for the Individual.	Feb 14, 2011 9:48 PM
788	Regular and ongoing reviews by IPP team	Feb 14, 2011 10:02 PM
789	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM
790	Parent satisfaction and demonstrated use of services.	Feb 14, 2011 10:25 PM
791	Again, a great Quality Assurance department within the Regional center would be great.	Feb 14, 2011 10:31 PM
792	ask the client	Feb 14, 2011 10:55 PM
793	parents to have right to change agency if not satisfied	Feb 14, 2011 11:03 PM
794	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 14, 2011 11:12 PM
795	1. Family questionnaire	Feb 14, 2011 11:38 PM
796	Children should also be provided with an aid during childcare so they can be included in a childcare site with typical children, learning to socialize and working on skills to improve behaviors and limit exclusion from these sites.	Feb 14, 2011 11:51 PM
797	Monitoring of offered services, and taking parent feedback	Feb 15, 2011 12:04 AM
798	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 12:21 AM
799	None.	Feb 15, 2011 1:07 AM
800	my friend takes care my son at after school. i work part-time twice a week about 8 hours.	Feb 15, 2011 1:07 AM
801	Parent satisfaction and demonstrated use of services.	Feb 15, 2011 1:16 AM
802	Quarterly or yearly questionnairs filled out by the client's caretakers.	Feb 15, 2011 1:41 AM
803	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 1:43 AM
804	my friend takes care my son at after school. i work part-time twice a week about 8 hours.	Feb 15, 2011 1:43 AM
805	Current standards are effective if followed. Regular review to look at need and utilization.	Feb 15, 2011 1:45 AM
806	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 1:49 AM
807	case management	Feb 15, 2011 1:57 AM
808	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 1:57 AM
809	By the use or review with the parent.	Feb 15, 2011 1:59 AM
810	Survey of caregivers	Feb 15, 2011 1:59 AM
811	I can't see how day care, advocacy or training couldn't be useful.	Feb 15, 2011 2:06 AM
812	Talk to the parents	Feb 15, 2011 2:06 AM
813	survey/statement of benefit	Feb 15, 2011 2:08 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
814	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 2:39 AM
815	I know that the respite services works because all the parents and/or caretakers need a break. The rule of thumb is that a parent with a special needs child will dedicate 80% of his/her time to the special need child and the 20% goes to all others i.e. caring for another sibling, spouse, work, etc.	Feb 15, 2011 2:45 AM
816	Evaluated by parent or other care giving family member.	Feb 15, 2011 2:49 AM
817	Providers should be trained in dealing with clients with developmental delays in addition to having training in behavioral management	Feb 15, 2011 2:53 AM
818	BADLY NEEDED	Feb 15, 2011 2:55 AM
819	Only give this service to people who really need it!	Feb 15, 2011 2:57 AM
820	Oversight is critical in minimizing misuse/fraudulent use of this service. Monthly review and reiteration as to the necessity of the service by monitoring advancements/progress of the consumer and appropriate involvement of the family are key areas of review.	Feb 15, 2011 3:15 AM
821	help parents to find good respite workers or offer education courses free to respite workers referred by parents to regional centers.	Feb 15, 2011 3:17 AM
822	the ip team at every ip meeting, as described in the lanterman act, should determine usefulness and effectiveness of serviced	Feb 15, 2011 3:21 AM
823	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 3:23 AM
824	periodic review and need	Feb 15, 2011 3:33 AM
825	Progress reports, surveys.	Feb 15, 2011 4:09 AM
826	See the Lanterman Act!!	Feb 15, 2011 4:10 AM
827	Caregivers should be well educated	Feb 15, 2011 4:10 AM
828	This should be determined on a case-by-case basis. Caution should be used when applying one size fits all solutions.	Feb 15, 2011 4:18 AM
829	We have annual meeting with our social worker with Regional Center to assess our son's needs and to make sure he is healthy and living a fulfilling life.	Feb 15, 2011 4:40 AM
830	No comment	Feb 15, 2011 5:14 AM
831	BRIEF REPORTS FROM THE FAMILY MEMBER/CAREGIVER ON HOW THIS IS HELPING THEM AND THE CLIENT, ETC.	Feb 15, 2011 5:17 AM
832	CPR certification, ability to handle the needs of the individual being cared for (feeding, dressing,communicating-sign language if needed, behavior management strategies, etc)	Feb 15, 2011 5:26 AM
833	Have the parent fill out a card rating how good the respite agency and worker is.	Feb 15, 2011 5:32 AM
834	No need to evaluate. Parents need respite for their peace of mind.	Feb 15, 2011 5:39 AM
835	see comments on Behavior services	Feb 15, 2011 5:42 AM
836	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:10 AM
837	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:35 AM
838	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:41 AM
839	If the child remains in the home, it's successful	Feb 15, 2011 7:32 AM
840	Make sure parents are using the hours appropriately.	Feb 15, 2011 7:36 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
841	All I can say here is that I received what was supposed to be "behavioral" respite and our providers stunk. They are not equipt to handle the true behavioral cases. I suggest a major audit of VMRC's behaviorial respite providers.	Feb 15, 2011 9:04 AM
842	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
843	Current standards practiced by Reginal Center, we meet with social workers yearly or more to assess needs.	Feb 15, 2011 12:49 PM
844	Keep log on hrs and what you've accomplished.	Feb 15, 2011 2:44 PM
845	Supervision	Feb 15, 2011 3:18 PM
846	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 4:09 PM
847	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 4:28 PM
848	ask the family	Feb 15, 2011 4:59 PM
849	Team meetings	Feb 15, 2011 5:13 PM
850	no	Feb 15, 2011 5:37 PM
851	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:07 PM
852	Client and family evaluations.	Feb 15, 2011 6:18 PM
853	Services should be allowed when therapy sessions are being provided in the home. As it is in the best interest of the consumer to have all care providers, including, respite workers, aids/shadows and parents be in-sync with the progress. Consistency is a very important part of a child's path to success in the world. Failure to have consistency will not only result in waste of services but need for extended services.	Feb 15, 2011 6:31 PM
854	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 6:32 PM
855	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 6:40 PM
856	DON'T CHANGE ANYTHING!!! This area has been hit TOO HARD over the past few years and families need their respite!!!	Feb 15, 2011 6:44 PM
857	Read #1	Feb 15, 2011 7:01 PM
858	Parent satisfaction and demonstrated use of services.	Feb 15, 2011 7:01 PM
859	Parent satisfaction and demonstrated use of services.	Feb 15, 2011 7:03 PM
860	See before	Feb 15, 2011 7:04 PM
861	Not really applicable here, other than maybe submitting documentation of what was paid out to respite providers/babysitters to provide the funds are being used as they should be.	Feb 15, 2011 7:24 PM
862	Having a pool of qualified people to provide respite services.	Feb 15, 2011 7:35 PM
863	Ask the parents how much time away they need on a monthly basis.	Feb 15, 2011 7:38 PM
864	Well, you get what you pay for and it doesn't help that the regional center pays the vendor $18 an hour and then the vendor pays $8 an hour. It is insulting. There is very high turnover and abuse of that wage I feel. We have a difficult time getting a consistent, trustworthy, qualified person to provide respite due to the low wage.	Feb 15, 2011 7:40 PM
865	Respite is always needed by Parents or care-givers of disabled consumers.	Feb 15, 2011 8:22 PM
866	We are never asked for feedback on the respite service we receive nor the company that we use for the respite.	Feb 15, 2011 8:33 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
867	Begin a database of commuinty settings where RC funds have helped to train staff to work with kids with special needs so parents know where to look first, RC staff can know what programs have trained staff and funds are not duplicated over and over to re-train commuinty day care staff, institute a train the trainer model for preschools and camps where staff are trained and can pass training on to future staff.	Feb 15, 2011 8:36 PM
868	Should be available either inside the home or outside the home when needed. If the family member needs help finding caregivers, Reginal Cneter should be able to help find caregivers also	Feb 15, 2011 8:43 PM
869	Phone calls/in-home visits to make sure both caregiver and consumer are not too stressed, and are in relatively good health.	Feb 15, 2011 8:53 PM
870	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act	Feb 15, 2011 9:01 PM
871	evaluation of needs every 6msc, but if family has disable child usually they need constant help	Feb 15, 2011 9:15 PM
872	There should be outcomes for respite. If the parent is requesting respite to take a break, they should really be taking a break	Feb 15, 2011 9:15 PM
873	As needed on an individual basis	Feb 15, 2011 9:29 PM
874	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 9:40 PM
875	MONTHLY REPORTS FROM FAMILIES AND CARE PROVIDERS	Feb 15, 2011 9:41 PM
876	Using qualified respite care agencies will ensure that services are useful and effective, as well as providing enough respite care hours to families so that they get adequate time to themselves.	Feb 15, 2011 9:41 PM
877	Oversight by RCOC and State level organizations.	Feb 15, 2011 9:46 PM
878	Effectiveness and usefulnesss of services should be reviewed by the IPP team in its meetings, and overseen by the regional centers and DDS	Feb 15, 2011 9:49 PM
879	I think once a year evaluation is enough if there's no emotional issues with the disabled in case.	Feb 15, 2011 10:17 PM
880	The IP Team at every IP meeting, as described in the Lanterman Act, should determine usefulness and effectiveness of services.	Feb 15, 2011 10:33 PM
881	Volunteers who are trained by Joni and Friends are given specific steps of training that is complete and effective. (I attended one of the workshops.) Some free resources are offered; other materials are available for a reasonable price. They give great ideas, such as church volunteers making "Joy Baskets," to take to a disabled person. It is a pretty basket with clear wrap, including 7 special items, one per day for a week, for the individual to enjoy. Various items can be included, e.g., music CD, note cards, small stuffed animal, stamps, stickers, brightly colored pens, reading materials, etc. Respite volunteers are trained as well as those directing the program. Feedback from the diabled and their families can help make sure it is effective.	Feb 15, 2011 10:35 PM
882	Respite should be considered "specialized respite" similar to day care. If a family requires respite needs above what a typical child would need at that level, the regional center could fund a portion of the amount that required specialized care due to the child's disability. Most families need a break from thier non-disabled children, and if the child with the disability requires care above and beyond that of a typically developing child, extra funding/support can be considered.	Feb 15, 2011 10:59 PM
883	talk with parents in need of it about their work and lifestyle to make sure the break will help them to be better parents	Feb 15, 2011 11:02 PM

3. Suggested service standards about how to make sure the services provided

	Response Text	
884	Obtain input from consumers/family/care providers about it's effectiveness and include it in the IPP. do that already. Conduct respite vendor evaluations every three years to ensure quality?	Feb 15, 2011 11:03 PM
885	Parent satisfaction is a good indicator.	Feb 15, 2011 11:14 PM
886	Have follow up after the training.	Feb 15, 2011 11:28 PM
887	Usefulness/effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 15, 2011 11:37 PM
888	I'm sure this service is useful and effective because it gives a break to the person who needs it the most.	Feb 15, 2011 11:38 PM
889	The IP Team at every meeting, as described in the Lantermn Act, should determine usefulness and effectiveness.	Feb 15, 2011 11:42 PM
890	verify that support is given through vendor oversight	Feb 15, 2011 11:53 PM
891	I think it should be provided monthly.	Feb 16, 2011 12:05 AM
892	A signature is given.	Feb 16, 2011 12:19 AM
893	Identify goals and progress monitoring	Feb 16, 2011 12:30 AM
894	The service standards should be maintained by the standards already in place by Title 17. These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:32 AM
895	See No. 2 above.	Feb 16, 2011 1:22 AM
896	Annual review of needs by the IPP team during the IPP process.	Feb 16, 2011 1:26 AM
897	Believe me it is very useful and effective, you can feel the stress level going down with being able to go grocery shopping and to the bank without worring about your disabled loved one.	Feb 16, 2011 1:41 AM
898	A survey sent to the families as to the respites effectiveness, and possibly from the respite agencies also as to their effectiveness in helping provide a "Break" to the family.	Feb 16, 2011 1:53 AM
899	A review of the service the provider has given should be recorded by the parent. Their impression of the provider should be noted. This can be used to determine if they want that provider to come back. The parent should let the case worker know how the service went and if they have any concerns.	Feb 16, 2011 1:54 AM
900	ASK CLIENT AND MONITOR	Feb 16, 2011 2:21 AM
901	A respite worker who engages with the child, in arts and crafts or any activity would help the child with their social skills deficit.	Feb 16, 2011 2:31 AM
902	continue the annual review of the consumer/client's sevices to make sure they are providing the most useful and effective services to improve the consumer's quality of life.	Feb 16, 2011 2:52 AM
903	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 3:06 AM
904	I think current standards are approrpaite.	Feb 16, 2011 3:09 AM
905	These respite hours help keep families together and keep individuals at home and not placed in more costly residential facilities. Respite is the least expensive service you can offer to keep individuals at home with their families. this is a no brainer!	Feb 16, 2011 3:29 AM
906	SARC Rep. and family input.	Feb 16, 2011 4:01 AM
907	Have a budget of each person and let them choose what service they need the most and use it to their needs	Feb 16, 2011 4:39 AM

3. Suggested service standards about how to make sure the services provided

	Response Text	
908	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 4:48 AM
909	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 5:07 AM
910	follow up by RCOC svc coord.	Feb 16, 2011 5:22 AM
911	Unsefullness and effectiveness should be determined by the IPP team at every IPP meeting as described in The LAnterman Act	Feb 16, 2011 5:35 AM
912	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 5:53 AM
913	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in The Lanterman Act Section 4646.5 (a) (6).	Feb 16, 2011 6:18 AM
914	At minimum, in-home respite workers should meet the requirements set forth by each County for In-Home Supportive Services workers.	Feb 16, 2011 6:22 AM
915	responses from families and staff monitoring	Feb 16, 2011 7:20 AM
916	Get reports from staff and agency and family/client	Feb 16, 2011 7:48 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
1	Routine criminal background checks on the workers. Also, provide extensive training for the worker. Random surprise visits when the respite worker is working with their client.	Jan 28, 2011 12:50 AM
2	Must be trained to handle the individuals needs.	Jan 28, 2011 12:59 AM
3	Background Check including fingerprints, some type of certification from respite agency that provider is experienced/knowledgeable working with persons with DD.	Jan 28, 2011 1:04 AM
4	Same as now	Jan 28, 2011 1:14 AM
5	background checks, prior history, reputation	Jan 28, 2011 1:21 AM
6	QUALITY ASSURANCE OF VENDOR. FROM INFORMATION COLLECTED FROM CONSUMER/FAMILIES AND DATA TO BE ACCESSIBLE TO CONSUMERS AND FAMILIES TO BE ABLE TO COMPARE SUCH VENDORS.	Jan 28, 2011 1:34 AM
7	Community Care Licensing regualtions.	Jan 28, 2011 1:39 AM
8	If I paid for the person directly I could afford to give them more with no middle man and that would increase the quality of the person!	Jan 28, 2011 1:44 AM
9	QUALITY ASSURANCE FOR ALL VENDORS INPUT TAKEN FROM CONSUMER/FAMILIES AND SERVICE COORDINATORS. DATA COLLECTED AVAILABLE TO CONSUMERS/FAMILES FOR COMPARISON	Jan 28, 2011 2:05 AM
10	family could sign a "hold harmless" agreement for their self-employed sitters so that it is their responsiblity to employ people who are up to their qualifications, if this option is their choice.	Jan 28, 2011 2:18 AM
11	physical disabilites deserve forst consideration. if child can attend school then parents do not deserve paid baby sitting.	Jan 28, 2011 2:20 AM
12	Background checks should be performed on any person hired as a respite worker. In addition, the person should have some training in working with children (or adults) with disabilities.	Jan 28, 2011 2:33 AM
13	cancel all services	Jan 28, 2011 2:38 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
14	I believe for an organization that is providing Respite Services, certain minimum standards should be met: Standards such as criminal background checks, TB Tests, Provider having a Physical Location, Attestation that provider is the employer, and carries Workers Compensation and Liablility Insurance. Additionally, Proof the provider has an "on call" after hours emergency procedure.	Jan 28, 2011 2:43 AM
15	Some shadow training for a couple of months with the types of disabled individuals the respite person will be working with, CPR, and some behavioral technique workshops on how to deal with the type of disabled person they will be working with.	Jan 28, 2011 3:20 AM
16	Licensed or regulated agency that is actually providing the services they are being paid to provide.	Jan 28, 2011 3:22 AM
17	when had respite services it was provided by a college student and that worked out fine	Jan 28, 2011 3:22 AM
18	State standards and degree	Jan 28, 2011 3:37 AM
19	Specialized training for the population they will be dealing with.	Jan 28, 2011 3:37 AM
20	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM
21	Highly important. Behavioral experts and organizations should train respite workers before placement.	Jan 28, 2011 4:04 AM
22	Standardized and well-supervised.	Jan 28, 2011 4:14 AM
23	I think that persons with proven experience and competency should perform these duties.	Jan 28, 2011 4:18 AM
24	Licensed day care, home based or at a site	Jan 28, 2011 4:18 AM
25	?	Jan 28, 2011 4:24 AM
26	As per Titles 17 and 22, requirements should be observed. However, flexibility should exist with these requirements when a family member provides respite care.	Jan 28, 2011 4:41 AM
27	Agencies should adhere to a regulatory board	Jan 28, 2011 4:57 AM
28	none, DOJ and CPR cleared	Jan 28, 2011 4:58 AM
29	This should be determined based on the IPP	Jan 28, 2011 5:04 AM
30	flexibility to include non-licensed options and community based services should be protected.	Jan 28, 2011 5:37 AM
31	Reliable, ethical, provide sufficient training and support.	Jan 28, 2011 5:59 AM
32	Non family members should be scrutinized a bit more carefully to be a respite provider.	Jan 28, 2011 6:23 AM
33	Vouchered services should be eliminated, in favor of agency or employer of record service delivery options	Jan 28, 2011 6:26 AM
34	The same as today.	Jan 28, 2011 6:38 AM
35	NURSE	Jan 28, 2011 6:55 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
36	Respite providers have not been great in our area. Families face an ever revolving door of people sent by an agency into their home. It doesn't seem that the agencies supervise these people well - some come in and watch tv during their time or talk on their phones. Respite care providers do not need to be teachers, but they should have the same qualifications as a childcare provider at least, plus background checks of course. The agencies should check with parents regularly to see how the provider is doing. They should be TRAINED in their job duties and actually want to spend time with children. The agency should send a consistent person out to a families home - the child needs to get used to new caregivers, and this takes time. It is beyond frustrating to start over continuously with new people, and really it is not good for the child. The respite provider should not be more work for the parent than the child is.	Jan 28, 2011 7:02 AM
37	someone who cares about the consumer and receives some basic training	Jan 28, 2011 7:23 AM
38	Licensed, Taking courses or completed courses for best care of patient!	Jan 28, 2011 7:31 AM
39	Staff in these programs need to be licensed social workers or teachers.	Jan 28, 2011 8:25 AM
40	More day care providers need to be vendored. There needs to be more accountablity. The parent vendor respite and day care is laden with fraud.	Jan 28, 2011 3:07 PM
41	This was a grey area for our family. In fact, I haven't used respite for over a year because I'm really not sure who I can hire, how to keep the records, and I would rather not use the serives because I'm scared of not keeping records prpoperly. Choices (even in rural areas) besides find your own babysitter would increase the quaility of care for children and adults with developmental disabilites. A class, about the laws and rules and help filling out the paperwork will make this service easier to manage and may stop the misuse of this service.	Jan 28, 2011 4:01 PM
42	Need to be committed to children with disabilities. to help them be successful. cannot be put off by behavior issues.	Jan 28, 2011 5:06 PM
43	The standards should be high for the person or organization the provide these services.	Jan 28, 2011 5:08 PM
44	If I paid for the person directly I could afford to give them more with no middle man and that would increase the quality of the person!	Jan 28, 2011 5:10 PM
45	Respite provider should go through CPR/1st Aid training	Jan 28, 2011 5:13 PM
46	licensing and certification	Jan 28, 2011 5:16 PM
47	These standards already exist	Jan 28, 2011 5:31 PM
48	-In a standardized service design template.	Jan 28, 2011 5:31 PM
49	As I stated before, the respite person or organization should be well aware and educated regarding the Autism populations. Background checks should be mandatory.	Jan 28, 2011 5:52 PM
50	Provide RC's with more power and resources to audit services.	Jan 28, 2011 5:57 PM
51	*results are more important than letters after your name	Jan 28, 2011 6:01 PM
52	Completion of Regional Center-approved curriculum regarding standards of care, life skills, and behavior intervention through the employer.	Jan 28, 2011 6:09 PM
53	no	Jan 28, 2011 6:18 PM
54	Respite providers should be state licensed facilities or personal recommendations.	Jan 28, 2011 6:18 PM
55	Person or organization providing service should be professional. Minimum CPR/First Aid.	Jan 28, 2011 6:46 PM
56	I think in this case they should have understanding of the disable population, even if its past experience, as far as the reps i think that they shouls at least have a AA in child development and or social/human services.	Jan 28, 2011 6:52 PM
57	quarterly reviews	Jan 28, 2011 6:52 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
58	compassion and understanding!	Jan 28, 2011 6:54 PM
59	Parent review of service provider	Jan 28, 2011 6:58 PM
60	adequate background checks adequate pay to facilitate LT stability/continuity for consumer:worker relationship	Jan 28, 2011 6:58 PM
61	rcrc surveys	Jan 28, 2011 7:06 PM
62	There should be a class for respite providers or a screening the providers have to go through.	Jan 28, 2011 7:12 PM
63	These standards already exist. We should use them!	Jan 28, 2011 7:13 PM
64	Service Coordinators usually know who the best agencies are.	Jan 28, 2011 7:26 PM
65	Current standards are sufficient.	Jan 28, 2011 7:33 PM
66	Determined by the local Regional Center.	Jan 28, 2011 7:51 PM
67	Agency providers shoud be required to fingerprint their provider staff.	Jan 28, 2011 8:01 PM
68	I have friends who are still doing family vendored respite, even though they tell everyone that they just use the money for things they need. Why is that program being allowed still? Another friend has her maid whom they believe is not in the U.S. legally as their "respite worker" and she uses the voucher respite money to pay for her house to be cleaned - I guess that is respite to her, but I don't think that is right. It's also not right that families be allowed to do voucher respite when they have no way of checking the backgrounds of the people they are allowing in their homes. The RC should do a DOJ clearance on all voucher respite Respite Workers for the families. The regional center should give out more detailed information to families on ALL of the legal requirements they have and each RC should have to hold a class for families who are signing up to do voucher respite or daycare so they understand what they are getting into and how to take care of the wages, taxes, etc... I'd never do the voucher program - it would take me more time to figure out how to pay my gals and bill for the few hours I get, than it would be in hours I can get a break from my son's care. Is the rate cheaper for voucher respite than it is for agencies? If so, that explains why the RC still allows it.	Jan 28, 2011 8:01 PM
69	Eveyone should have the appropriate credentials and training to be responsible for another human being.	Jan 28, 2011 8:02 PM
70	This should be dependant on the consumers disbaility. People who care for those affected by autism should have extensive training in Applied Behavior Analysis in order to effectively support the consumers behavioral program. They should also have a minimum level of education in order to ensure they are compentent and can deliver quality services. First Aid/CPR/BLS also.	Jan 28, 2011 8:08 PM
71	There needs to be a well-organized system of respite care.	Jan 28, 2011 8:41 PM
72	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
73	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
74	Parents, caregivers, and consumers are capable of determining who is qualified to take care of the consumer. Due to the low pay typically given it is difficult to find someone with the patience, experience, and age required willing to accept such a low wage. It may be helpful to lower the age requirement below 18.	Jan 28, 2011 9:04 PM
75	These Standards already exist	Jan 28, 2011 9:04 PM
76	respite agencies should have to meet a minimum number of standards and follow regulations to ensure services are safe and preventing risks out in the field	Jan 28, 2011 9:11 PM
77	If I paid for the person directly I could afford to give them more with no middle man and that would increase the quality of the person!	Jan 28, 2011 9:15 PM
78	See prior	Jan 28, 2011 9:27 PM
79	Respite workers from an agency should have at least 1 year's experience working with developmentally disabled individuals and be CPR and first aid certified. Respite workers provided by family and funded through an EOR agency should also be CPR and first aid certified. They should be at least 18 years old, and not residingin the family's/consumer's home. Respite workers who are a part of the natural resource of the Consumer or his/her family, would not be funded through Regional Centers.	Jan 28, 2011 9:41 PM
80	Self-selection if possible may be key. For out of home care, I'd look to George Mark House level of standard.	Jan 28, 2011 9:41 PM
81	I used United Cerebral Palsey's program in LA county during the early to mid 1990s. I believe their standards were excellent. They should be consulted for their service and standards. I found that using the services for monthly Respite Services from a vendor was too restrictive and chose to use other care providers, with re-imbursements from the RC following.	Jan 28, 2011 9:41 PM
82	Keep those that are in place currently...	Jan 28, 2011 9:41 PM
83	They should have training and a positive track record in serving the specific consumer under consideration. Background checks are essential -- and following up on background checks! Also training in professional behavior. One of our friend's respite worker apparently had a theft record, but no-one had bothered to check. This worker then stole from the family by cashing bogus checks and also abused their son, resulting in legal proceedings and a conviction. Another friend's provider stole items from her home and apparently was simply reassigned to another region or family (I can't remember which) instead of being fired and disbarred from ever providing respite again. We had a nurse who stole Valium from our medicine cabinet. She also went running before work and showed up literally dripping sweat on our carpet. Ugh. She also helped herself to our food and shower. We asked that she never be sent to us again, not explaining why or demanding investigation because we didn't want to create a hassle and frankly were way too overstressed and exhausted to pursue it. However, we clearly did a disservice ot those who got her later. So there needs to be a SIMPLE quality control mechanism for parents so that you get the informaiton about inappropriate performance.	Jan 28, 2011 10:11 PM
84	each regional center should interview the provider - parents should be randomly surveyed about the services - at least once/year for each provider	Jan 28, 2011 10:13 PM
85	Must be vendored with the regional center. For children, provider must have cleared back ground check.	Jan 28, 2011 10:23 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
86	survey current participants	Jan 28, 2011 10:23 PM
87	They should have training and a positive track record in serving the specific consumer under consideration. Background checks are essential -- and following up on background checks! Also training in professional behavior. One of our friend's respite worker apparently had a theft record, but no-one had bothered to check. This worker then stole from the family by cashing bogus checks and also abused their son, resulting in legal proceedings and a conviction. Another friend's provider stole items from her home and apparently was simply reassigned to another region or family (I can't remember which) instead of being fired and disbarred from ever providing respite again. We had a nurse who stole Valium from our medicine cabinet. She also went running before work and showed up literally dripping sweat on our carpet. Ugh. She also helped herself to our food and shower. We asked that she never be sent to us again, not explaining why or demanding investigation because we didn't want to create a hassle and frankly were way too overstressed and exhausted to pursue it. However, we clearly did a disservice or those who got her later. So there needs to be a SIMPLE quality control mechanism for parents so that you get the information about inappropriate performance.	Jan 28, 2011 10:32 PM
88	Fully qualified, not provided by students training to get their license. They can assist but NEVER should be put in charge. ---- See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
89	They need to be CPR certified.	Jan 28, 2011 10:57 PM
90	qualifications may change according to the needs of the consumer if consumer is medical fragil he or she may need a nurse other wise could be provide by CNA	Jan 28, 2011 10:58 PM
91	Up to the family.	Jan 28, 2011 11:09 PM
92	see above	Jan 28, 2011 11:31 PM
93	No.	Jan 28, 2011 11:32 PM
94	Respite workers need to be trained in behavioral services if that is what the client requires. Otherwise, they are useless and a waste of money.	Jan 28, 2011 11:35 PM
95	Parent-approved; background check	Jan 29, 2011 12:27 AM
96	Family members that provide respite should not have to go through training and classes.	Jan 29, 2011 12:52 AM
97	Highly qualified to care for specific persons	Jan 29, 2011 12:58 AM
98	Dependent on the service and support being provided.	Jan 29, 2011 1:17 AM
99	Comply witih state and federal regularions	Jan 29, 2011 1:45 AM
100	For typical respite, families sh be able to choose the respite care provider - someone who knows the child and that the child is familiar with. Medically involved consumers, of course, wd benefit from medically trained LVNs etc. Advocates sh have experience and/or training for wotking with people with disabilities.	Jan 29, 2011 2:18 AM
101	All providers and organizations must screen employees for criminal backgrounds and safe driving and in cases where clients need pharmaceuticals, providers should have drug testing.	Jan 29, 2011 2:48 AM
102	If the individual needs intense amounts of care or around the clock care, a qualified individual should provide this.	Jan 29, 2011 3:08 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
103	People should be knowledgeable of developmental disabilities and first aide. they should have complete background checks and they should have recommendations	Jan 29, 2011 3:14 AM
104	Open. As long as the caregiver and patient are on the same page and able to perform the necessary modalites then the standard for service is met.	Jan 29, 2011 3:15 AM
105	Families should be able to hire there own respit providers and act as a vendor. It will be cheaper this way and the providers will get more money and better qualified people will be willing to do the job.	Jan 29, 2011 3:16 AM
106	I do not uderstand what it is that the Co. of the worker do. When I first started receiving hours I was incharge of the worker and the paper work. Now some Co. is being paid for what I was able to do for free.	Jan 29, 2011 3:31 AM
107	Pay a decent wage so you can recruit people with education and specail ed. backgrounds.	Jan 29, 2011 3:40 AM
108	trained experienced responsible caring	Jan 29, 2011 4:44 AM
109	Don't know	Jan 29, 2011 4:51 AM
110	No one should be cut	Jan 29, 2011 5:11 AM
111	service provider should be limited to parents or closest relatives.	Jan 29, 2011 5:12 AM
112	The service standards for respite services are already sufficient.	Jan 29, 2011 6:14 AM
113	anyone over 18 and it would be nice to be able to use child care centers or other agencies specializing in care	Jan 29, 2011 6:33 AM
114	These are already in place. The present qualifications should be kept.	Jan 29, 2011 6:35 AM
115	They'd better like my kid, look out for his well being, and be empathetic.	Jan 29, 2011 6:46 AM
116	Parents are responsible for training parent-vendored services. Otherwise, the agency responsible should provide training and do annual evaluation of staff, including having families evaluate providers.	Jan 29, 2011 6:52 AM
117	Families must be allowed to choose their own respite providers. The companies who provide them have sent them out on interviews to us before we use them which is essential. Unless the family waives that right, it should be part of the process.	Jan 29, 2011 7:17 AM
118	Trained caregivers with experience BEFORE entering family home	Jan 29, 2011 7:24 AM
119	certified or license	Jan 29, 2011 7:53 AM
120	Consumer or Parent survey, Independent review agency.	Jan 29, 2011 8:45 AM
121	I don't think there needs to be qualifications to just give a parent resite services. Respite should be plain and simple a break for the parent and a break from the consumer to parent. it's hard	Jan 29, 2011 3:14 PM
122	Keeping the parent vendor method where parents can employ the provider of their choice is important because it allows them to choose an individual that they know personally and are comfortable entrusting the care of their child to.	Jan 29, 2011 4:50 PM
123	I pretty much annswer this in nuber 3.	Jan 29, 2011 6:57 PM
124	Anyone that the parents see fit should be able to provide care for their child. Parents usually have a good idea as to what level of qualifications an individual needs to care for their child.	Jan 29, 2011 7:14 PM
125	Life expenience as well as a back ground working with people with disabilites is a must. At this time many workers are just looking for extra money and have no knowledge about the disabled or the standards to work with them.	Jan 29, 2011 7:46 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
126	As available have persons attend seminars or classes to make sure they are keeping up with consumers needs.	Jan 29, 2011 8:40 PM
127	Current CPR cert.	Jan 29, 2011 9:10 PM
128	Basic training on child development and how that can differ with disabilities. Basic first aid. Basic positive behavior intervention techniques training.	Jan 29, 2011 9:31 PM
129	Parents should identify a trusted friend, family member who lives outside the home, or person who knows their child's disability and is competent at caring for the child. If a child has medical appliances such as a g-tube, and a family member has been trained who is competent to care for the child, respite should be provided by the family member.	Jan 29, 2011 9:50 PM
130	ON GOING ASESSMENT EVALUATION BY INTERNAL AND EXTERNAL PROFESISONALS	Jan 30, 2011 12:00 AM
131	I had a friend who could take my kid onec and awhile during basketball season so I could see a few gamnes with my older kid.	Jan 30, 2011 12:17 AM
132	no suggestions. I've always chosen to find my own providers, for which I pay much more than the reimburseable rate from Regional Center.	Jan 30, 2011 12:28 AM
133	Person should have experience working with a child or adult with special needs.	Jan 30, 2011 12:36 AM
134	see 3 Also, some children might not need nursing care, just a better trained caregiver supervised by a nurse.	Jan 30, 2011 1:24 AM
135	Respite service providers must be someone over 18 with whom the family feels comfortable leaving their child. This can include family members.	Jan 30, 2011 4:19 AM
136	All providers should be required to submit to drug test and fingerprinting, so a police record can be run.	Jan 30, 2011 8:03 AM
137	Lots of times an untrained person is great. Hard to say - parents need to pick the person. I like the idea of paying parents and letting them use who they want to help. May need to be qualified in CPR, etc.	Jan 30, 2011 5:20 PM
138	Manager should be managers. Not promoted service coordinator without management training. Or offer management training to those who working with integrity and who have proven to be able to "manage" SC's in an effective way with leadership. If we had better managers everyone would do a better job.	Jan 30, 2011 8:22 PM
139	Progress reports on behaviors need to be provided.	Jan 30, 2011 8:43 PM
140	surveys and reviews	Jan 30, 2011 9:17 PM
141	I believe that other family members or friends of the family should be able to do respite care, this gives the person getting the respite a piece of mind because they already know the child/adult in their care.	Jan 30, 2011 10:53 PM
142	I don't know enough about this.	Jan 31, 2011 1:36 AM
143	Same as above	Jan 31, 2011 3:49 PM
144	look for drop off centers for some children	Jan 31, 2011 3:59 PM
145	respite and day care services, if continued to be funded by the regional center, should not be allowed to be provided by friends or family members or those who should otherwise be naturally assisting the family. In all families, Grandparents/relatives/friendes babysit grandchildren, etc. and are not paid to do so, these people should not be paid to provide this just because the child is disabled. The disabled child is often easier to take care of than a typical child would be, so having a disability does not necessarily equate to being harder to care for.	Jan 31, 2011 4:31 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
146	Trained individuals who pass background checks and demonstrate learned safety skills such as CPR and emergency procedures. This includes becoming mandated reporters of abuse.	Jan 31, 2011 4:34 PM
147	Vendored service providers.	Jan 31, 2011 4:42 PM
148	CPR, First Aid, behavioral intervention training.	Jan 31, 2011 4:51 PM
149	Depending on the needs of the consumer. No family-member respite.	Jan 31, 2011 4:54 PM
150	respite providers need to have qualified and experienced personnel that they can effectively work with children w/disabilities and to do so they need to receive the proper training in each type of the disabiliteis and different types of behaviors.	Jan 31, 2011 5:05 PM
151	Families should be able to choose an individual based on their own preferences. However, it would be helpful for the regional center to maintain a list of organizations and individuals who have been given good reviews by families and are open to serving other individuals.	Jan 31, 2011 5:08 PM
152	family chooses daycare...	Jan 31, 2011 5:35 PM
153	n/a	Jan 31, 2011 5:43 PM
154	A respite care provider should have at least 40 hours of training in the care that they will be providing.	Jan 31, 2011 5:57 PM
155	Eliminate parent vendored services.	Jan 31, 2011 6:04 PM
156	Providers MUST be trained on handling autistic kids as they need special attention.	Jan 31, 2011 6:14 PM
157	The industry standard should be used. Performance of person should be done with consumer, family and service coordinator.	Jan 31, 2011 6:17 PM
158	Do not offer this service	Jan 31, 2011 6:41 PM
159	More respite workers need to be provided with intense training to effectively and appropriately care for the consumer.	Jan 31, 2011 6:52 PM
160	Any agency or organization which provides services needs to provide training in their specialized area to each care provider before the person can provide services to consumers.	Jan 31, 2011 6:57 PM
161	Staff to have at least a high school diploma and first aid/CPR training for day care and in-home respite. For specialty such as behavioral, nursing; these individuals must be the minimum requirements established by the State of California.	Jan 31, 2011 7:07 PM
162	As long as the family/caregiver is comfortable with the person providing the service, there really should be not requirement.	Jan 31, 2011 7:13 PM
163	Evaluation forms completed by consumer or family on a regular basis and returend to worker at regional center.	Jan 31, 2011 7:22 PM
164	Appropriate training	Jan 31, 2011 7:38 PM
165	licensed home health agency providers have their own set of qualifications & performance standards	Jan 31, 2011 8:13 PM
166	state licensed in what ever service that they are being asked to perform	Jan 31, 2011 9:13 PM
167	These standards already exist	Jan 31, 2011 9:33 PM
168	History and proof of responsibility of the person or the organization by researching their history of association with persons with special needs. Of course, fingerprinting and any felony charges would be the determination of using the services of either.	Jan 31, 2011 9:35 PM
169	Feedback from consumers should reflect the performance of the person or organization providing the service.	Jan 31, 2011 9:39 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
170	In home respite providers must have a minimum of a diploma, and per case training. Overnight facilities, should provide at least 20 hours of training each year to their employees. Background checks, cpr and medical vaccinations should also be a requirement.	Jan 31, 2011 9:48 PM
171	Instead of finding their own respite care providers, families should have available to them a pool of individuals who are qualified to take care of children with DD. I especially do not like the idea of grandparents or other family members being paid to take care of their DD relative, as this is commonly something they would do for any child in any family, without being paid for it.	Jan 31, 2011 9:51 PM
172	These already exist	Jan 31, 2011 10:02 PM
173	I think the organizations providing these services could do better. They pay them minimum wage and some of the people who have come to my house could not work with my child. I know that the regional center must be paying a lot of money to these agencies, but the agencies are keeping a good portion of it. It took us three agencies before we finally found someone we could work with, because they were not meeting our needs and listening to what we needed.	Jan 31, 2011 10:11 PM
174	rere	Jan 31, 2011 10:31 PM
175	Audits for parent-vendors.	Jan 31, 2011 10:36 PM
176	No rapists or child molesters.	Jan 31, 2011 11:52 PM
177	Must be first aid and CPR trained. Should have crisis prevention training (CPI) as well.	Feb 1, 2011 12:33 AM
178	if owner or staff, licensing requirements and regional requirements (should be up graded) professional the same as 4 before	Feb 1, 2011 12:59 AM
179	Some type of valid certification, but not so involved as to get in the way of providing the service.	Feb 1, 2011 1:27 AM
180	Clearly the person must be qualified in some area and trustworthy. Personal references are helpful. If persons already known to the family can be utilized in respite services, this adds a safety factor.	Feb 1, 2011 1:34 AM
181	Consumer choices and results	Feb 1, 2011 1:48 AM
182	Back ground checks and references, even if it is a family member. Keeping our loved ones in the hands of someone qualified is important and this would prevent abuse and fraud.	Feb 1, 2011 3:24 AM
183	Parents can refer to the agency who would be under an employer of record code.	Feb 1, 2011 3:57 AM
184	Respected within the community Research-based, uses best practices Financially solvent	Feb 1, 2011 4:29 AM
185	The individual and family should be able to decide who can provide these services.	Feb 1, 2011 4:36 AM
186	do a background check on these providers unless its a family member	Feb 1, 2011 4:54 AM
187	Again, listen to the parents! Why nor provide child care and respite hours for children less than 3 if the parent feels the care giver is qualified?	Feb 1, 2011 4:56 AM
188	appropriately trained persons (see #3 above)	Feb 1, 2011 5:08 AM
189	the same standards that residential care providers have to maintain	Feb 1, 2011 5:24 AM
190	Family members or agencies who understand the diability well.	Feb 1, 2011 5:31 AM
191	must be accountable for the money cannot use as income or be able to get around using this money for income or rent. what for other state funds that can give hours the same and cross over services.	Feb 1, 2011 5:32 AM
192	same answer as previous	Feb 1, 2011 6:01 AM
193	Again, the consumer and the family should be able to choose their own respite.	Feb 1, 2011 7:25 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
194	Person should have some kind of understanding of the varied levels of disabilites that clients have & be trained on how to communicate with them on their level. Their job while providing respite is to aide the client in productive participation while the care giver has time off.	Feb 1, 2011 7:31 AM
195	There should be respite caregivers vetted by an agency that families can hire with their respite money, if they have no one available known to them who would do respite care for them.	Feb 1, 2011 9:02 AM
196	Respite should be licensed facilties	Feb 1, 2011 9:56 AM
197	Persons providing the respite services should be over 18 years of age, required to be finger printed, have basic first aid and CPR training.	Feb 1, 2011 4:27 PM
198	The respite vendors could be training the person on child development and children with special needs or have it as a requirement to have take certain classes before being hired. Somehow, there needs to be more training for these respite providers in MR, Autism, CP and Epilepsy.	Feb 1, 2011 4:31 PM
199	We find our own respite workers. This seems to work.	Feb 1, 2011 4:51 PM
200	questionairre to parent	Feb 1, 2011 5:14 PM
201	Provide surveys to family members who are receiving services to evaluate there overall performance. Not only on the agency and respite worker but the regional center as well.	Feb 1, 2011 5:16 PM
202	Qualifications of the agency providing services should be part of the contract. Agency should provide an annual evaluation of person providing services to include the overall competency of the person, as far as clinical skills and education.	Feb 1, 2011 5:30 PM
203	Need standards that insure that Respite is quality service and that the money we invested is realized in good service and more capable parents.	Feb 1, 2011 6:05 PM
204	These qualification will need to match the individual case. In some cases qualified nursing support will be necessary, while in others caregiving may be prioritized.	Feb 1, 2011 6:06 PM
205	Same standards that exist now: Over the age of 18, CPR trained,	Feb 1, 2011 6:15 PM
206	Responsive and time commitment	Feb 1, 2011 6:28 PM
207	Their are set standards.	Feb 1, 2011 6:58 PM
208	circles of support - better if the client knows the respite provider	Feb 1, 2011 7:01 PM
209	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM
210	For in-home respite, person should be over the age of 18. For enhanced respite, person providing the direct services should have at least a bachelor's degree in a related field.	Feb 1, 2011 8:11 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
211	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
212	Current standards are adequate	Feb 1, 2011 9:32 PM
213	CPR certified, babysitting class, performance evaluations to be filled out by parent	Feb 1, 2011 9:38 PM
214	none	Feb 1, 2011 9:42 PM
215	Make sure all service prodviders have thorough background checks done!! It's also helpful if they are interested and have some inclination to work with disabled people.	Feb 1, 2011 9:46 PM
216	RESPITE WORKERS SHOULD ALL HAVE TRAINING IN BASIC BEHAVIORAL MANAGEMENT. AND, THEY NEED TO BE DEPENDABLE, AND HAVE MUCH PATIENCE!	Feb 1, 2011 9:57 PM
217	make sure that all respite care workers are background checked and are experienced in handling a child/ren with special needs.	Feb 1, 2011 10:40 PM
218	As is.	Feb 1, 2011 10:53 PM
219	Not a criminal. Trained to the level of support the client needs. G-tube feeding requires different knowledge that caring for an individual with autism.	Feb 1, 2011 11:16 PM
220	Not sure.	Feb 1, 2011 11:34 PM
221	The Regional Centers should help families fine persons or organizations to provide these services.	Feb 1, 2011 11:43 PM
222	Qualified and trained staff.	Feb 1, 2011 11:55 PM
223	Prevaing standards.	Feb 2, 2011 12:10 AM
224	Service providers should have ongoing support for training/educational opportunities to be able to appropriately manage individuals with developmental disabilities in their care.	Feb 2, 2011 12:15 AM
225	They should provide information about the person they are hiring not for what the RC is telling them	Feb 2, 2011 12:30 AM
226	if it's with a licensed facility those standards are already in place.	Feb 2, 2011 12:31 AM
227	Background check, qualifications determined by RCEB if the provider has not been chosen by the customer's family.	Feb 2, 2011 12:46 AM
228	Anyone deemed qualified by the primary caregivers.	Feb 2, 2011 12:47 AM
229	Ideally, the person providing respite care should have education in child development.	Feb 2, 2011 12:54 AM
230	Again, depending on the service provided, as long as the family is happy with the service provided, that should be enough.	Feb 2, 2011 1:14 AM
231	Parent choice.	Feb 2, 2011 1:18 AM
232	CARF. Background checks. Fingerprint checks.	Feb 2, 2011 2:43 AM
233	Quality control and satisfaction surveys	Feb 2, 2011 2:53 AM
234	Agency training	Feb 2, 2011 3:48 AM
235	Licensed professionals.	Feb 2, 2011 4:50 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
236	the respite ppl should be educated about the various disabilities so they can do the job they are being paid to do...respite workers take their jobs easily...thinking free money to them	Feb 2, 2011 5:26 AM
237	Wide range depending on objectives as stated above.	Feb 2, 2011 5:31 AM
238	Experience & also good repertoire between provider & family. Organization should be able to provide have good support & training for the workers.	Feb 2, 2011 6:00 AM
239	Parents should fill out surveys or evaluation forms to rate the care from the agencies that provide services. Agencies that recieve poor evaluaitons should be terminated from providing services	Feb 2, 2011 6:10 AM
240	RAISE THE MINIMUM STANDARDS. PLEASE!!!!!!!!!!!!!!!!!!!!!!!!!!! Well-trained, licensed caregivers should be the minimum standard, and they should be provided in lower ratios.	Feb 2, 2011 6:12 AM
241	Check licensing, education, criminal records. Testimonials and staff evaluations and if possible, client evaluations or parent/caregiver evaluations.	Feb 2, 2011 8:54 AM
242	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 2, 2011 3:41 PM
243	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 2, 2011 4:58 PM
244	We have to find our own care provider for Respite and it is hard I think we should have help in finding someone rather than us having to find our own.	Feb 2, 2011 5:34 PM
245	Direct staff should receive 2 days of training about developmental disabilities, providing support for these individuals, professional conduct and basic CPI training and CPR.ting Specialized Respite Services staff should have at least one year of experience with Families with a member with developmental disability, training in behavior management in order to follow a behavior plan written by a behavior vendor, and training in CPI and CPR	Feb 2, 2011 5:47 PM
246	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 2, 2011 5:54 PM
247	Sometimes a relative or someone who lives in the consumer's family home is the respite worker through an agency. Occasionally it feels like a conflict. Not allowing a family member who lives in the home to provide respite paid for by the regional center (or limit the amount that can be provided by a relative) should be considered.	Feb 2, 2011 6:05 PM
248	Follow up with people involved	Feb 2, 2011 6:18 PM
249	Bachelors degree in related field.	Feb 2, 2011 6:33 PM
250	Per evaluation by RC or DDS.	Feb 2, 2011 6:37 PM
251	a	Feb 2, 2011 6:52 PM
252	let the parent decide.	Feb 2, 2011 6:57 PM
253	Provide SS#.	Feb 2, 2011 7:22 PM
254	A list of vetted respite providers should be provided to families seeking respite care. It is not always sufficient to rely on extended family to provide care when a person with more training would be safer.	Feb 2, 2011 7:34 PM
255	Respite providers must register with RC vendored agency; must undergo background check. Exclusions for abuse or violent crimes.	Feb 2, 2011 7:41 PM
256	It would have to be a safe environment--one that is can be trusted to be clean and safe without the fear of someone being mistreated or abused.	Feb 2, 2011 7:45 PM
257	None	Feb 2, 2011 7:47 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
258	The problem is not that the services are useful and effective. The problem is that the caregivers don't exist. The only caregivers I was able to find to provide respite care were referrals from my daughter's school. No other agencies were helpful. So talking about standards is useless.	Feb 2, 2011 8:57 PM
259	All respite workers should be required to have participated in a training program such as Red Cross, for providing care to an individual with IDD. The respite worker needs to complete this training NOT just the supervisor. The training should be from an independent agency if the respite worker is employed by an agency.	Feb 2, 2011 9:04 PM
260	People providing this service need to be qualified by State standards and need to be employed or associated with companies properly registered and vetted by the State to provide these types of services.	Feb 2, 2011 9:05 PM
261	The organization the provides this service needs to make sure that the people they hire to do respite are trained to work with this population of people and do background checks to make sure they will not do harm to the clients.	Feb 2, 2011 9:26 PM
262	certfied home health providers or designated family members	Feb 2, 2011 9:37 PM
263	see above	Feb 2, 2011 9:40 PM
264	REGIONAL CENTERS	Feb 2, 2011 9:45 PM
265	Self referal	Feb 2, 2011 9:49 PM
266	First aide certified and behavioral training to help these children.	Feb 2, 2011 10:06 PM
267	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
268	Parent selected, if families know or have trusted members of the family or close friend that can come in and help. That is best for disabled individual they already know the person it cause less stress and the family is more relaxed too.	Feb 2, 2011 10:13 PM
269	Alllowing people to choose their own providers has been a god send to me as it becomes hard and guilt ridden to keep leaning on family to help out with respite..My siblings and mother are aging as well as myself and they've given years and years of care but they have some time or health limitations that make it a bit harder now to get time for myself. So knowing friends or staff from her center that I trust and know her quirks and needs, gives me a sense of safety when leaving her with people other than direct family members. Having to only use cna type companies, as in the past, made it harder to feel safe in leaving my daughter with them. The unique needs and quirks of special adult populations can make a bit harder to find a 'good fit' when one needs respite care. I don't use overnight services as there are only one or two all female group homes in town and they are always full or in one case, the provider's teenage daughters were left in charge. I was not pleased!	Feb 2, 2011 10:20 PM
270	Please previous topic response....	Feb 2, 2011 10:26 PM
271	services should be provided only by persons or organizations that are properly vendorized as described int eh Lanterman Act Section 4648 (a)(3)	Feb 2, 2011 10:29 PM
272	appropriate licensing for agencies and background checks for employees.	Feb 2, 2011 10:29 PM
273	More contact with Socila worker	Feb 2, 2011 10:30 PM
274	family should find respite worker, but there should also be a list of qualified people for those who need help	Feb 2, 2011 10:47 PM
275	They should have training and a positive track record in serving the specific consumer under consideration. Background checks are essential -- and following up on background checks! Also training in professional behavior.	Feb 2, 2011 11:42 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
276	Education or a background in special needs is useful in this endeavor.	Feb 3, 2011 12:02 AM
277	the person should have CPR certificate.	Feb 3, 2011 12:14 AM
278	see above	Feb 3, 2011 12:21 AM
279	Same answer as previous pages	Feb 3, 2011 12:46 AM
280	Should be more than minimum wage as those skilled providers charging more than that.	Feb 3, 2011 12:51 AM
281	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 1:03 AM
282	Basic training should be required. There should be some certification program though community colleges or even high schools, for respite workers if there is not currently. Payment for respite should be given only to those certified to perform the job.	Feb 3, 2011 1:07 AM
283	A lot of these agencies are not nmecessart wwe jut need good workers to do a good job. P{opele that truly care about the popele they are serving if there was enough money to pay the prvoders and give them medical benefits we could eliminate so many of the agency personeel pushing paperts and causing parents more stress	Feb 3, 2011 1:27 AM
284	monitored by regional center	Feb 3, 2011 1:33 AM
285	highly qualified	Feb 3, 2011 2:02 AM
286	Must have sufficient educational (preferably Master's degree) and have a desire to serve this community and their families. Our experience is that regional center pay was low and vendors had a difficult time finding qualified individuals to work for next to minimum wage.	Feb 3, 2011 2:04 AM
287	Listen to the opinions of families	Feb 3, 2011 2:36 AM
288	Parents and regional center should be able to work them out. Given the wide range of disorders and the limited number of people, it will not be possible to have certification for everyone out there. Caregivers should meet minimum standards of preparation (CPR, for instance), but families should be able to preserve some flexibility.	Feb 3, 2011 2:43 AM
289	same as above	Feb 3, 2011 2:55 AM
290	See above.	Feb 3, 2011 3:23 AM
291	Those providing the service could be more qualified though of course with increased qualification, comes increased cost. If such a high cost is to be paid for the agencies employing the providers, perhaps more should be expected from those agencies when it comes to training and supervision of performance. Also they could do a better job recruiting qualified people since in our experience just finding a respite worker can be difficult especially if your child has difficult behaviors.	Feb 3, 2011 3:32 AM
292	Someone who has bonded and licensed by the state as a qualified care giver.	Feb 3, 2011 3:33 AM
293	make sure that all of the caregivers have a background check	Feb 3, 2011 4:43 AM
294	HIGHLY qualified people and organizations - trained in Applied Behavior Analysis training, Discrete Trial Training, TEACCH training, Floor Time Training, Sensory Diet strategies, ProACT training, CPI Training, Picture Exchange Communication training, and Assistive Technology	Feb 3, 2011 5:22 AM
295	Must be trained in specific disability they are serving	Feb 3, 2011 5:57 AM
296	The qualifications can vary for people performing these services, particularly if they are just friends providing care. Organizations that provide services should be properly licensed and insured.	Feb 3, 2011 6:07 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
297	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:11 AM
298	Must not have criminal background and clean driving record	Feb 3, 2011 6:13 AM
299	The qualifications shall be jointly determined by the parents and the regional center. Where feasible, natural supports shall be used and reimbursed. However, the needs of the child should also be given high importance.	Feb 3, 2011 6:28 AM
300	Minimum two years experience and a license proving the caregiver knows how to care for the diagnosed problem the child/ren has.	Feb 3, 2011 6:33 AM
301	No Comment	Feb 3, 2011 6:53 AM
302	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:53 AM
303	same as today.	Feb 3, 2011 6:53 AM
304	A person who is trusted by the client and his family.	Feb 3, 2011 7:32 AM
305	A respite provider is required to be certified.	Feb 3, 2011 7:48 AM
306	training on disability, CPR ,first aid . learn about the person if they plan on taking care of them on a steady basis.	Feb 3, 2011 7:48 AM
307	Oversight of timesheets to ensure accuracy and compliance.	Feb 3, 2011 8:12 AM
308	some college in an associated field and a thorough background check is mandatory.	Feb 3, 2011 9:13 AM
309	see 2.... I would also add the 'acceptable training' is subject dependent. Our family would rather have a lightly trained friend or family member trained with developmental skills to last an hour per visit than a highly trained person with no ongoing relationship to our family.	Feb 3, 2011 1:50 PM
310	See above	Feb 3, 2011 4:42 PM
311	Most vendors are doing a great job considering the financial situation of the state.	Feb 3, 2011 4:44 PM
312	References for being kind, humane, fun.	Feb 3, 2011 4:51 PM
313	Qualifications - Only California Citizens should be entitled to benefits. The system is too loose for allowing non-residents and illegal aliens to utilize the benefits. Create a waiting period for families moving into California that want to utilize Regional Center benefits.	Feb 3, 2011 5:09 PM
314	The workers must be finger printed and held to high ethical standards.	Feb 3, 2011 5:19 PM
315	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:25 PM
316	Meets the needs of the family by report. Background screening	Feb 3, 2011 5:27 PM
317	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 5:50 PM
318	Qualified providers who have passed the screening and meet requirements	Feb 3, 2011 5:52 PM
319	Trained respite care providers shall have CPR First Aid certification and pass a course regarding providing care and supervision to consumers with developmental disabilities. Fingerprinting, CA ID card and social security care required for all respite care providers hired by agencies. For employer of record, same standards minus the additional training re: developmental disabilities if family member being relieved signs a liability release.	Feb 3, 2011 5:56 PM
320	should have expierence with disabled children	Feb 3, 2011 6:11 PM
321	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:19 PM
322	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:31 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
323	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:32 PM
324	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:45 PM
325	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 6:50 PM
326	input from family members	Feb 3, 2011 6:53 PM
327	They should have training and a positive track record in serving the specific consumer under consideration. Background checks are essential -- and following up on background checks! Also training in professional behavior. One of our friend's respite worker apparently had a theft record, but no-one had bothered to check. This worker then stole from the family by cashing bogus checks and also abused their son, resulting in legal proceedings and a conviction. Another friend's provider stole items from her home and apparently was simply reassigned to another region or family (I can't remember which) instead of being fired and disbarred from ever providing respite again. We had a nurse who stole Valium from our medicine cabinet. She also went running before work and showed up literally dripping sweat on our carpet. Ugh. She also helped herself to our food and shower. We asked that she never be sent to us again, not explaining why or demanding investigation because we didn't want to create a hassle and frankly were way too overstressed and exhausted to pursue it. However, we clearly did a disservice ot those who got her later. So there needs to be a SIMPLE quality control mechanism for parents so that you get the informaiton about inappropriate performance.	Feb 3, 2011 6:59 PM
328	Up to the parents or individual to decide based on the needs of the disabled person.	Feb 3, 2011 7:26 PM
329	FInger printing, CPR, prior experience	Feb 3, 2011 7:39 PM
330	If its a family member that is providing the respite service, then let it be up to the parent to determine. IF it is a home or facility, they must have strict drug policies, background checks etc, cleanliness.	Feb 3, 2011 7:53 PM
331	Again, properly vendorized person	Feb 3, 2011 7:56 PM
332	The organization should provide sitters that have been fingerprinted by the State of California, received CPR training, and have a general knowledge of disabilities.	Feb 3, 2011 8:04 PM
333	The persons performing respite should be first aid and CPR trained.	Feb 3, 2011 8:04 PM
334	LVN for kids that have epilepsy or serious condition like needing O2 or suction -	Feb 3, 2011 8:17 PM
335	perhaps time would be better used if those providing behavioral services could be also the respite providers.	Feb 3, 2011 8:21 PM
336	If the parent chooses who to hire, it is their responsibility to seek appropriate qualifications, if it is given by an agency, the agency shoud be qualified to provide the intended services.	Feb 3, 2011 8:36 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
337	Under the supervision of the agency training on a quarterly basis for all support staff should be madatory	Feb 3, 2011 8:41 PM
338	see above	Feb 3, 2011 8:51 PM
339	The organization or vendor have excellent qualifications and performed to our high expectations. The director and staff communicate regularly w/ us. They are positive and professional. The qualifications and performance of the person or persons providing our respite services are excellent, because they are people we know and trust to be w/ our son for that many hours. We select them ourselves and would never allow anyone we did not know or trust to be alone w/ him.	Feb 3, 2011 8:51 PM
340	Overseen by coordinator	Feb 3, 2011 8:58 PM
341	Allow day camp to be a service provider. Allow more flexibility with clients choice of respite agency and worker.	Feb 3, 2011 9:06 PM
342	Respite workers should be properly screened and fingerprinted much as any school employee would be.	Feb 3, 2011 9:07 PM
343	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:29 PM
344	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:29 PM
345	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 9:48 PM
346	n/a	Feb 3, 2011 9:55 PM
347	N/A	Feb 3, 2011 10:14 PM
348	CPR,	Feb 3, 2011 10:23 PM
349	Just check with parents. Some training standard would probably be necessary.	Feb 3, 2011 10:45 PM
350	Qualifications should be based on experience and/or education. Respite workers need to be professional, and work well with children with special needs. Currently I think that the standards are too low because me and my husband interviewed at least 3 people before finding the right respite worker for our child. Many of them didn't seem to have the skills to work with him and seemed more interested in being paid as babysitters.	Feb 3, 2011 11:01 PM
351	As currently set.	Feb 3, 2011 11:14 PM
352	There should be stricter guildelines on the qualifications of some persons within the respite organizations. I've had a few unqualified respite workers come to work with my children. Very disappointing. I've had to find my own respite person and have them get hired through the appropriate respite provider.	Feb 3, 2011 11:25 PM
353	As it currently exists	Feb 3, 2011 11:36 PM
354	They should be educated and trained in developmental disabilities. If it's a family member, then they know hands-on already how to care for their disabled family member. Trainings for family could also be provided for further medical care learning opportunities.	Feb 3, 2011 11:41 PM
355	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 3, 2011 11:47 PM
356	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 4, 2011 12:08 AM
357	Respite agencies should not get involved in case management, nor decrease contract hours for administrative costs noor manipulate families in asking for more respite. Respite agencies should not be able to pass off their rate reductions as co-pays to families.	Feb 4, 2011 12:32 AM
358	keep status quo	Feb 4, 2011 12:33 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
359	Should be monitored by the recipients to ensure satisfaction.	Feb 4, 2011 12:58 AM
360	at least CPR certified. A company would be helpful as it is very stressful as a parent to find a trustworthy caregiver.	Feb 4, 2011 1:00 AM
361	Person's who have considerable experiences that find the caregivers.	Feb 4, 2011 1:24 AM
362	Nation wide back ground check to ensure that no pervs care working with our kids and/or adults. Not the basic county one. Full FBI background checks.	Feb 4, 2011 1:41 AM
363	The person who provides these services should be experienced in working with the disability that a child may have. Also the person should be compassionate, and honest. They should do as the parent/consumer asks.	Feb 4, 2011 1:41 AM
364	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 1:58 AM
365	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:09 AM
366	Support team should decide on qualifications needed for a respite worker, some children have intense medical needs that may need a qualified nurse while others could do very well with an approriate individual who can provide supervision.	Feb 4, 2011 2:10 AM
367	This is another major concern. Right now, respite agencies provide their own training, usually CPR and some other basics. Often, people go in and do not interact much at all with the consumer. Ideally, these providers would play with, talk to, watch TV with, and otherwise engage with the child or adult consumer in a way that enhances their leisure time while parents are resting or out.	Feb 4, 2011 2:47 AM
368	Service providers should have some experience working with children with developmental disability. They need to have a great deal of patience and love and able to deal with the unexpected. They need to understand that each child is different. They also need to be flexible.	Feb 4, 2011 2:50 AM
369	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 2:51 AM
370	Basic training in the various disabilties and behavior issues.	Feb 4, 2011 3:05 AM
371	Regional center needs to screen the provider and educate the parent what to consider from the crevice.	Feb 4, 2011 3:29 AM
372	The client and/or the family should be involved.	Feb 4, 2011 4:03 AM
373	Background checks to ensure safety of developmentally delayed individuals, and appropriate education and experience to be able to properly care for participants.	Feb 4, 2011 4:08 AM
374	Certification or training process should be enacted for those who will give these services.	Feb 4, 2011 4:12 AM
375	If respite is provided for medically or behaviorally challenging children, the person caring for them should be trained in what the child's specific needs are, and also someone the parents feel they can trust. The person does not necessarily have to be a health care professional, but someone who is willing to learn the specific needs of the child requiring care.	Feb 4, 2011 4:29 AM
376	The current low pay has resulted in the great difficulty in attracting appropriately qualified individuals. Things have been holding up only due to the long term integrity and sacrifice by honorable people in the industry. That generation is passing away. The existing services standards cannot be relaxed or the disabled will suffer greatly. That is not right. That is not civilized.	Feb 4, 2011 5:18 AM
377	Services only provided by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 a, 3, A with oversight that is directed to be constructive and supportive in helping the individual or organization give the best possible service.	Feb 4, 2011 5:30 AM
378	Be monitored by Community care licensing and operated by the regulation of Title 22.	Feb 4, 2011 5:39 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
379	Solicit and respect parent input. Parents should have the right to hire whomever they want to care for their children.	Feb 4, 2011 5:53 AM
380	Trained with some experience.	Feb 4, 2011 6:01 AM
381	qualifications should be based upon what the client requires for complete care. The person or organization should be picked by the family, if they can ,as ultimately it is the family and client for whom this service is provided. If the family cannot find the appropriate person or organization help should be given to assist them.	Feb 4, 2011 6:11 AM
382	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 6:53 AM
383	Standar qualification but the need for the health and well ness aspects should be very stronge	Feb 4, 2011 7:29 AM
384	background check, finger print, DMV check.	Feb 4, 2011 7:33 AM
385	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 7:46 AM
386	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 3:21 PM
387	Family member, outside person that has passed criminal background check	Feb 4, 2011 4:53 PM
388	Same as previous section	Feb 4, 2011 4:56 PM
389	N/A	Feb 4, 2011 5:02 PM
390	Services providers should be provided only by persons or organizations that have been approved as vendors as described in the Lanterman Act	Feb 4, 2011 5:15 PM
391	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 5:21 PM
392	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:47 PM
393	Properly vendorized with training, full background checks, CPR, etc.	Feb 4, 2011 5:54 PM
394	Reviewed annually by the licensing board with input from consumers and family, and other caregivers	Feb 4, 2011 5:58 PM
395	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 6:15 PM
396	N/A	Feb 4, 2011 6:41 PM
397	Same standards that are used now.	Feb 4, 2011 6:56 PM
398	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act section 4648 (a) (3) (A).	Feb 4, 2011 7:13 PM
399	The same as previous #4.	Feb 4, 2011 7:22 PM
400	Certified people . As is.	Feb 4, 2011 7:45 PM
401	Review by Regional Center	Feb 4, 2011 7:46 PM
402	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 7:56 PM
403	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:16 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
404	Parents should be able to choose one employee of an agency that is qualified and stick with that person. I really dislike that companies keep sending you different people and sometimes its a miss and then something they click. It created too much stress when they don't click and then I just end up not doing anything anyhow and just sit at home because I dont' trust the situation.	Feb 4, 2011 8:25 PM
405	licensed facilities, a minimum of 2 years experience	Feb 4, 2011 8:36 PM
406	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 8:43 PM
407	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 9:00 PM
408	They should have training and a positive track record in serving the specific consumer under consideration. Background checks are essential -- and following up on background checks! Also training in professional behavior. One of our friend's respite worker apparently had a theft record, but no-one had bothered to check. This worker then stole from the family by cashing bogus checks and also abused their son, resulting in legal proceedings and a conviction. Another friend's provider stole items from her home and apparently was simply reassigned to another region or family (I can't remember which) instead of being fired and disbarred from ever providing respite again. There needs to be a SIMPLE quality control mechanism for parents so that you get the informaiton about inappropriate performance.	Feb 4, 2011 9:16 PM
409	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 9:22 PM
410	Trained to be able to handle the disability. High school diploma and some college credits in child development, or that area of study.	Feb 4, 2011 9:28 PM
411	education and experience	Feb 4, 2011 9:39 PM
412	DOJ/ FBI / Credit checks, ALL available background checks should be made before an individual is hired by a provider. (Unless the family is trying to get someone they know to be certified. Then they should be given a basic check i.e. sex offenders, etc... and allowed to work only for that family.	Feb 4, 2011 9:44 PM
413	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act section 4648 (a) (3) (A).	Feb 4, 2011 9:56 PM
414	I think the current standards are great - mandatory CPR and first aid.	Feb 4, 2011 10:15 PM
415	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:15 PM
416	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 4, 2011 10:27 PM
417	Service providers should have ongoing support for training/educational opportunities to be able to appropriately manage individuals with developmental disabilities in their care.	Feb 4, 2011 10:37 PM
418	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 10:41 PM
419	Trained individuals in related fields according the the individuals IPP.	Feb 4, 2011 10:43 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
420	All who are not in it for the love of money. If a family is living off someone else's child/children in order to survive, earn money, this is sad, pathetic, evil! To revert back to merchandising people, under whatever title, is still evil!	Feb 4, 2011 10:44 PM
421	Usefulness and effectiveness of services should be determined by the IPP Team at every IPP meeting, as described in the Lanterman Act Section 4646.5 (a) (6).	Feb 4, 2011 10:49 PM
422	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 11:20 PM
423	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 4, 2011 11:24 PM
424	this would vary based on needs of consumer. This responsibility should stay with caregiver obtaining services.	Feb 4, 2011 11:28 PM
425	Need to be trained to work with the relevant disability. Must be strong, fast, and patient.	Feb 4, 2011 11:44 PM
426	Ar the parent's CHOICE -totally.	Feb 4, 2011 11:48 PM
427	For those individuals very qualified... pay them more!	Feb 5, 2011 12:28 AM
428	Lanterman Act 4648 describes persons or organizations that are properly vendorized to be the service providers.	Feb 5, 2011 12:35 AM
429	none	Feb 5, 2011 12:45 AM
430	Services should be provided only by persons or organizations that are properly vendorized, as described in The Lanterman Act Section 4648(a)(3)(A).	Feb 5, 2011 12:47 AM
431	same	Feb 5, 2011 1:33 AM
432	No suggestions.	Feb 5, 2011 2:12 AM
433	Special Ed Kindegarten	Feb 5, 2011 3:43 AM
434	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 4:01 AM
435	Experienced personnel or apprentices under supervision of training program	Feb 5, 2011 4:33 AM
436	Eliminate the 18 year old requirement of the respite worker.	Feb 5, 2011 4:58 AM
437	Safety checks including fingerprinting for sure. The same standards that are used for individuals working in education.	Feb 5, 2011 6:01 AM
438	The qualifications and performance of the group/person providing the service should be fairly high level. They should be trained in dealing with the specific behaviors they may be faced with.	Feb 5, 2011 6:56 AM
439	Persons/Organizations vetted via the Regional Centers as described in The Lanterman Act.	Feb 5, 2011 6:57 AM
440	People with some training on caring special needs population.	Feb 5, 2011 8:07 AM
441	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act.	Feb 5, 2011 2:50 PM
442	Employees must be trained in ABA, and safety skills (CPR), speaks the language spoken at the child's home etc...	Feb 5, 2011 3:57 PM
443	Respite should be provided only be people who have a license.	Feb 5, 2011 4:41 PM
444	I am lucky to have family members near. I've heard stories about some respite care providers not being the best!	Feb 5, 2011 5:07 PM
445	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 5:31 PM
446	same as first set	Feb 5, 2011 6:41 PM
447	Yes, there should be training, as well as first aid and CPS.	Feb 5, 2011 8:24 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
448	I oppose POS standards. Please refer to the Lanterman Act section 4648 (a) (3) (A).	Feb 5, 2011 9:06 PM
449	The personell should have related certificate or experience to provide the service.	Feb 5, 2011 10:10 PM
450	Assessment developed in the need of the family	Feb 5, 2011 10:20 PM
451	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 5, 2011 10:59 PM
452	Only properly vendorized persons and organizations whould provide these services, per The Lanterman Act, 4648 (a) (3) (A).	Feb 5, 2011 11:43 PM
453	yes	Feb 6, 2011 12:38 AM
454	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team, including the above, must retain the ability to determine if the services and supports needed by the consumer are performing adequately.	Feb 6, 2011 5:57 AM
455	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 6:07 AM
456	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 4:40 PM
457	Trained employees who understand the disabilities and have effective tools provided for them to help the child go through smooth transitions between routines.	Feb 6, 2011 5:14 PM
458	Respite worker should be train to take care individuals with disabilities.	Feb 6, 2011 6:01 PM
459	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 6:51 PM
460	I could write a book about this. First I was assigned to a service provider 20 miles away who could not find anyone willing to drive to my location. Then I was assigned to Assisted Healthcare. They are crooks who should not be allowed to be in business. The schedulers told me the caregivers were not available and told the caregivers there was no work. They actually said to me,"I can send you Tania, as long as its ok with you that she's black; We can send you Pat but you should know that she's very obese". I was appalled. Then they sent an RN to chit chat once a month and charged me $175 for a supervisory visit. No other agency did that. They screamed at me for paperwork my daughter's doctor never sent in while the doctor was going through chemo. They repeatedly billed me for bills I had already paid.	Feb 6, 2011 9:02 PM
461	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 6, 2011 11:02 PM
462	Can be choice of receivers of respite services as long as providers are monitored by specific guidelines.	Feb 6, 2011 11:06 PM
463	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 5:16 AM
464	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 6:46 AM
465	knowledge in child development, good communicator with children, patience, honest, clear history	Feb 7, 2011 7:38 AM
466	Respite organizations who care for others who receive respite funding should be assessed by the same standards that any care professional for that special need would be (nurse for illness, knowledgeable for spectrum or any other disability etc)	Feb 7, 2011 8:06 AM
467	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 2:48 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
468	All persons and/or organizations providing services should be vendorized, per The Lanterman Act.	Feb 7, 2011 3:37 PM
469	Agencies that provide workers need to have staff that can speak fluent Spanish.	Feb 7, 2011 4:32 PM
470	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 7, 2011 5:47 PM
471	Services should only be provided by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 (a) (3).	Feb 7, 2011 6:23 PM
472	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 7:54 PM
473	Have high standards for hiring workers and respond to any and all complaints or issue.	Feb 7, 2011 8:31 PM
474	The individual or organization needs to be evaluated based upon guidelines that have been established for skills required for that specific service.	Feb 7, 2011 8:39 PM
475	Qualified providers who have passed the screening and meet requirements	Feb 7, 2011 9:32 PM
476	Standards negate individuality.....and that is what the IPP is about.	Feb 7, 2011 10:09 PM
477	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 7, 2011 10:10 PM
478	based on need of consumer. if consumer needs provider with specific skills, utilize model similar to bates homes to train the direct support staff. don't require nursing staff to do g tubes and any care need the parent has been trained to do. allow parent to make decisoin as to whether a nurse or CNA is needed or a lay person who has had specific trainng to work with that child/adult. same for PA staff and respite workers.	Feb 7, 2011 10:45 PM
479	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
480	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
481	Services should only be provided by persons or organizations which are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 7, 2011 11:24 PM
482	Should be licensed/certified by the state	Feb 7, 2011 11:53 PM
483	Either family member or background-checked individual with necessary medical training if applicable.	Feb 8, 2011 1:05 AM
484	None.	Feb 8, 2011 1:09 AM
485	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 1:14 AM
486	Parent can monitor or if disabled individual can communicate how service is.	Feb 8, 2011 1:31 AM
487	cpr./first aid certification	Feb 8, 2011 2:23 AM
488	by a health care provider	Feb 8, 2011 2:23 AM
489	Parent training: experienced personal in the area that they are training the family.	Feb 8, 2011 3:50 AM
490	Experiencedproviders with 5 letters of recommendation and work experience	Feb 8, 2011 3:57 AM
491	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 4:19 AM
492	The service standards seem to work fine.	Feb 8, 2011 4:39 AM
493	CPR, Crisis Prevention Intervention training, and understanding of behavior management.	Feb 8, 2011 4:42 AM
494	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:37 AM
495	By parent feedback.	Feb 8, 2011 5:38 AM
496	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 6:11 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
497	board certified.	Feb 8, 2011 6:17 AM
498	Limited, password-protected, online access to the background of those state/county/city employees who actually walk into the homes of clients, as clients are often unable themselves to describe any individual or situation clearly.	Feb 8, 2011 6:32 AM
499	The agencies providing these services should know what they are doing and should have appropriate and available staff. Many agencies don't provide the service if the consumer has many challenges or is medically fragil. There is no nurse respite if the consumer takes medications.	Feb 8, 2011 7:10 AM
500	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 3:42 PM
501	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 4:28 PM
502	again, train people, show films, go to centers, precept with someone.....train	Feb 8, 2011 5:53 PM
503	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 5:54 PM
504	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 6:05 PM
505	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 7:58 PM
506	Need training classes for those in IHSS and other care programs.	Feb 8, 2011 7:59 PM
507	None.	Feb 8, 2011 9:01 PM
508	Required minimum number of years experience in handling clients with disabilities; periodic training provided by behavioral experts.	Feb 8, 2011 9:02 PM
509	Anyone who represents a licensed organization.	Feb 8, 2011 9:12 PM
510	only by experienced licensed personal who have CPR, & thorough background checks to screen for child, geriatric, or sexual abuse also drug violations & abuse, since this type of person is high risk to exploit others.	Feb 8, 2011 9:31 PM
511	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 9:39 PM
512	The provider should be able to access emergency phone numbers and be somewhat familiar with the consumer. In some cases it isn't always practical to have the consumer stay in his/her own home as the rule currently stands (unless the caregiver is a family member.)It is difficult enough to find capable caregivers, and many are unwilling or unable to disrupt their schedules to do family members a favor of caretaking.	Feb 8, 2011 9:51 PM
513	Left up to the families.	Feb 8, 2011 9:53 PM
514	any child or adult who is unable to care for himself or has special needs that make it difficult to get day care from a regular babysitter or daycare provider--such as someone with developmental delays, physical or mental disabilities.	Feb 8, 2011 10:47 PM
515	There needs to be some kind of oversight or quality control panel.	Feb 8, 2011 11:34 PM
516	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 8, 2011 11:57 PM
517	I trust my Regional Center to vet its vendors.	Feb 9, 2011 12:18 AM
518	Quartly check-up.	Feb 9, 2011 12:52 AM
519	RC's need to cut down on the expensive office buildings their occupying. Could some of these CSC's occupying offices be moved to work from home? Parent grps are provided expensive office floor space that's another luxury. Cut this stuff before services to clients.	Feb 9, 2011 12:58 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
520	Answer: Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:29 AM
521	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 1:30 AM
522	qualified professionals should supervise trained staff	Feb 9, 2011 1:39 AM
523	same	Feb 9, 2011 2:28 AM
524	None	Feb 9, 2011 3:26 AM
525	regional center standards	Feb 9, 2011 3:45 AM
526	The service standards as they are now are sufficient. I have a wonderful lady who comes to watch my son. She receives training and is very responsable. Of course the background checks and care training are crucial.	Feb 9, 2011 5:31 AM
527	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 5:43 AM
528	A fair pay scale for the respite workers, so the good ones stay with the family. Most TCRC CLIENTS DO NOT LIKE CHANGE.	Feb 9, 2011 6:15 AM
529	Lots of previous experience of the respite worker providing the service.	Feb 9, 2011 7:22 AM
530	should be provided by a licensed provider only and not by family friends or neighbors.these are easy services that can be abused	Feb 9, 2011 8:19 AM
531	Require high school diploma/GED & some outside training about working with individuals w/disabilities.	Feb 9, 2011 8:55 AM
532	Trained people with knowledge and experience of child development.	Feb 9, 2011 4:00 PM
533	Often if family member is the organizer, payment to care giver and re-imbursement process is sufficient for now. Often when care provider is the organizer, I've been told that payment can be delay.	Feb 9, 2011 4:03 PM
534	Services should be provided in a manner that meets the consumer's needs without undue barriers, including but not limited to, unnecessary qualifications, paperwork, and time delays. To the extent the services intended to be considered in this section are covered by the DD Waiver, provider qualifications are set forth in the Waiver.	Feb 9, 2011 5:38 PM
535	must be trained in first aid and ensure person has no criminal record.	Feb 9, 2011 7:09 PM
536	Minimum qualifications set by regional center.	Feb 9, 2011 7:24 PM
537	This person should be an Adult and familiar with special needs of the child and also be CPR certified.	Feb 9, 2011 7:44 PM
538	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 7:59 PM
539	Background checks and a high school diploma a must!	Feb 9, 2011 8:22 PM
540	Services should be provided only by persons or organizations that are properly venderized as described in the Lanterman Act, Sec. 4646A(3).	Feb 9, 2011 9:18 PM
541	Again, go with what works for the client: if they prefer a family member providing respite, then less training is required. If the provider is a non-family member, then adequate training should be provided and the RC Case Manager should be available if any problems arise.	Feb 9, 2011 9:35 PM
542	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 9:50 PM
543	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:09 PM
544	should be up to the parents to qualify respite workers	Feb 9, 2011 10:18 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
545	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:44 PM
546	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 9, 2011 10:54 PM
547	No suggestion	Feb 9, 2011 11:35 PM
548	same as currently available	Feb 9, 2011 11:40 PM
549	These standards already exist	Feb 10, 2011 12:04 AM
550	Depending on the level of disability, the person providing the service should at least have a training (2-day minimum) focusing on first aid and positive behavior management.	Feb 10, 2011 12:38 AM
551	Must be a Licensed Residential Facility.	Feb 10, 2011 12:53 AM
552	Parent choice unless a higher level of services is required, such as behavior respite or nursing/medical issues.	Feb 10, 2011 1:04 AM
553	a list should be given to the parents who is providing out of home respite services.. so they can go and evaluate the services they are offering	Feb 10, 2011 3:35 AM
554	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 8:10 PM
555	The person has to know who' s the person that she/he needs to take care of, and have a good communication with the person and the family. She/he has to be trusted. The family feels comfortable with she/he.	Feb 10, 2011 8:42 PM
556	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 9:34 PM
557	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 10, 2011 10:04 PM
558	Fingerprinting, training. They should meet the same standards as licensed foster families.	Feb 10, 2011 10:33 PM
559	Regional Center coordinator to monitor	Feb 10, 2011 11:36 PM
560	Parents should be allowed to choose the person or organization that they feel knows their child best and who would be able to handle the rigors of providing the needs of their client.	Feb 11, 2011 12:18 AM
561	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 12:28 AM
562	Respite Provider Agencies who monitor and employee the Respite Provider and require mandatory trainings for Respite Providers. Parent-vendored respite should not be an option. I used to receive a lot of calls from angry parents asking for their check for respite since they have to pay their PG&E. Now that parents are required to use Agency Respite, I no longer receive those calls.	Feb 11, 2011 1:26 AM
563	Knowledge and training about special needs children, some medical training such as CPR	Feb 11, 2011 1:30 AM
564	organization state licensed	Feb 11, 2011 3:08 AM
565	The suggested services by the IPP teams should only be provided by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a)(3)(A).	Feb 11, 2011 3:25 AM
566	Person should be qualified and trained.	Feb 11, 2011 4:51 AM
567	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:12 AM
568	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:23 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
569	Well trained individual with low skill babies and a back of at least a Certified Nurse Aids and current CPR certificate.	Feb 11, 2011 5:32 AM
570	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 5:46 AM
571	experience and background check.	Feb 11, 2011 6:14 AM
572	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:19 AM
573	?	Feb 11, 2011 6:31 AM
574	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:36 AM
575	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 6:48 AM
576	Should be contracted through Regional Center.	Feb 11, 2011 8:30 AM
577	Quality organizations and hiring individuals who have a passion for helping special needs and have had a thorough background check and training such as CPR and strategies to help.	Feb 11, 2011 1:09 PM
578	They should have a background check, CPR license and experience	Feb 11, 2011 5:07 PM
579	I think it's okay for family members to provide these services. I think there should be training available for those families who wish to have their respite/day care workers learn more about how to deal with the child's disability.	Feb 11, 2011 6:00 PM
580	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act	Feb 11, 2011 6:13 PM
581	No comment.	Feb 11, 2011 6:33 PM
582	Hopefully they will be bonded and have don this type of work before. Check their references.	Feb 11, 2011 6:59 PM
583	Professional and qualified with continuing education, particularly in ABA and behavioral interventions. In-sevice workshops and seminars provided at no cost	Feb 11, 2011 7:00 PM
584	Trained care providers are a must when provide care to children with developmental disabilities.	Feb 11, 2011 7:02 PM
585	people should be qualified	Feb 11, 2011 7:34 PM
586	Respite should be provided by an agency, not family members. Our Regional Center is still funding for parent provided respite. In my experience parent's use this service to pay their bills.	Feb 11, 2011 8:01 PM
587	Again put someone that is educated and willing that has skills to work with certain disabilities. Not just anyone can help the consumer. They need to study in the field of developmental delay consumers. Give them inservices. Just like a licensed nurse does in order to obtain her licensing. Have them learn CPR and how to handle emergencies.	Feb 11, 2011 8:11 PM
588	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
589	Mater's or Phd. level.	Feb 11, 2011 9:30 PM
590	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 9:48 PM
591	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 9:49 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
592	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 9:49 PM
593	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 11, 2011 9:54 PM
594	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 9:54 PM
595	Daily reports	Feb 11, 2011 9:54 PM
596	service providers should only sent people who are properly trained to the consumers	Feb 11, 2011 9:56 PM
597	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 9:56 PM
598	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 9:58 PM
599	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:05 PM
600	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:15 PM
601	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:19 PM
602	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:21 PM
603	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:23 PM
604	For social skill building, same as any other ABA service, but would only be offered in a group setting - NEVER on an individual basis	Feb 11, 2011 10:32 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
605	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:37 PM
606	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:39 PM
607	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 10:44 PM
608	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 11, 2011 10:45 PM
609	Perform quarterly reviews	Feb 11, 2011 10:55 PM
610	Have a qualified agency do the service.	Feb 11, 2011 10:58 PM
611	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 11:01 PM
612	They should be CPR certified,they should have an intensive training /background in dealing with people with special needs.	Feb 11, 2011 11:11 PM
613	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 11, 2011 11:35 PM
614	Families should be able to identify/hire their own respite worker and not rely on agencies that contract with regional centers. It is uncomfortable to leave your children with a stranger.	Feb 11, 2011 11:44 PM
615	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 12, 2011 12:03 AM
616	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 12, 2011 12:19 AM
617	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 1:20 AM
618	someone who cares about the needs of the caregiving family	Feb 12, 2011 1:47 AM
619	At a minimum respite workers should be fingerprinted. Currently this is not a requirement.	Feb 12, 2011 2:46 AM
620	Should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A)	Feb 12, 2011 2:50 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
621	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 3:41 AM
622	Persons must be background checked, passed CPR certification and the business licenced through the State.	Feb 12, 2011 4:05 AM
623	see above	Feb 12, 2011 4:14 AM
624	Should be up to parents of customer to select the caregiver and determine if caregiver is qualify. Since parents work closely with caregiver, they should be comfortable with each other.	Feb 12, 2011 5:08 AM
625	They should know how to handle DD clients, they s/b compassionate, caring, loving, understanding, patient, and kind.	Feb 12, 2011 6:22 AM
626	See previous answers.	Feb 12, 2011 6:30 AM
627	In 2010, the governor implemented new procedures for persons providing In Home Support Services; perhaps these can be applied to those providing respite care.	Feb 12, 2011 6:50 AM
628	Regional Centers.	Feb 12, 2011 6:55 AM
629	Really? They should know how to keep the client safe, tend to their needs. They should not be sitting there talking on the phone or watching TV as my "normal" child who was younger than the disabled one told me. They also need to be accountable for what they did during the time they were on duty.	Feb 12, 2011 8:08 AM
630	n/a	Feb 12, 2011 1:57 PM
631	Persons providing ABA training should have at least 5 years expereince providing ABA services. A board Certifed Behaior Analyst in good standing with the BACB is also a requirement for any one providing ABA training.	Feb 12, 2011 2:16 PM
632	Should be anyone family is comfortable with that has CPR	Feb 12, 2011 3:30 PM
633	I think places like the YMCA does agreat job with these clients. They talk to the parents and get input frrom the parents as to what do these clients want to do and places they would enjoy going.	Feb 12, 2011 4:44 PM
634	Providers should know the basic needs such as toileting, preparing healthy food or even bringing them out to the community when appropriate.	Feb 12, 2011 4:51 PM
635	a family member living in the same household should be allowed to receive respite hours too.	Feb 12, 2011 5:10 PM
636	Again, leaving that to the parents is the best measure. I don't think any parent of a special needs child is interested in wasting their kids' time or their own. They usually have a very good gauge on what works and what doesn't.	Feb 12, 2011 5:25 PM
637	Training is necessary, but those who have gone through a training program and have experience (like a sibling with autism) should be fine.	Feb 12, 2011 5:55 PM
638	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 6:13 PM
639	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 6:25 PM
640	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 7:16 PM
641	Service can be provided by a family member in the home who doesn't usually have to care for the client.	Feb 12, 2011 7:22 PM
642	Service providers should be trained in how to handle the difference disabilities in adults.	Feb 12, 2011 7:24 PM
643	Often it is difficult for a family to find qualified respite workers, and if they want to go on a trip, even harder to find someone to care for their consumer for several whole days. Outside agencies where the consumer can reside for a few days would be a welome area of respite for many.	Feb 12, 2011 7:26 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
644	Background checks for safety & documented history of care for disabled persons.	Feb 12, 2011 7:37 PM
645	Providers should be experienced at working with families of individuals on the Autism Spectrum.	Feb 12, 2011 8:26 PM
646	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 12, 2011 8:32 PM
647	up to the family member	Feb 12, 2011 8:33 PM
648	none, families to use as they see fit	Feb 12, 2011 9:06 PM
649	Standards should coincide with those of the general population and should be of the highest quality.	Feb 12, 2011 9:30 PM
650	Right now Regional Center not recommend any respite providers. This is happened because salary for respite workers is unbelievable smal. In this situation Regional Center hasn't any pool or list eligible respite providers with enough qualifications, and parents are responsible for hiring respite provides. Usually, respite provider are some relatives or friends, who wish to help this family, but sometimes hasn't enough qualifications.	Feb 12, 2011 10:02 PM
651	HS Diploma, preferably going to community college in fields of education or psychology.	Feb 12, 2011 10:21 PM
652	Person's who provide respite should have a minimal level of knowledge regarding the population served by the regional center, reporting requirements of the regional center as well as some familiarity with the individual and the individual's family. Therapeutic respite should be provided by RC approved facilities that show a strong behavioral component. A BCBA level consultant to the facility would fulfill this requirement.	Feb 12, 2011 10:22 PM
653	any sitter ok	Feb 13, 2011 12:25 AM
654	see above	Feb 13, 2011 1:20 AM
655	Certified through State of CA.	Feb 13, 2011 1:51 AM
656	I go through UCP which provides an excellent provider.	Feb 13, 2011 3:39 AM
657	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 3:48 AM
658	Every person providing service should be licensed, or should have received training from a licensed provider, and the organizations' duty is to oversee that the qualification are met and provide service providers a venue where collaboration and team work can take place for the benefit of the patient who has a difficulty.	Feb 13, 2011 4:34 AM
659	Well rate the services provided on how the child can relate and if they are happy on the way thing	Feb 13, 2011 5:40 AM
660	Highly educated lots of Love.	Feb 13, 2011 6:10 AM
661	Our providers are great	Feb 13, 2011 7:03 AM
662	As previously stated.	Feb 13, 2011 8:18 AM
663	A minimum of a high school diploma or GED should be required for all direct care staff, a DOJ clearance, and current CPR/1st Aid certication. DVM printouts, proof of liability, current auto registration also be required if staff are involved in transporting clients under the provision of respite services.	Feb 13, 2011 8:27 AM
664	Quarterly survey on the service providers from the participants.	Feb 13, 2011 10:36 AM
665	Again see above, if they are not available it does no good to fund them, make surethereare trained willing workers to provide these services	Feb 13, 2011 1:53 PM
666	I would only require that the respite care provider knows CPR and first aid and isn't a criminal.	Feb 13, 2011 6:02 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
667	None	Feb 13, 2011 6:32 PM
668	intence background check with finger printing	Feb 13, 2011 6:42 PM
669	any persons who the caretaker of the person trusts and uses	Feb 13, 2011 7:15 PM
670	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 13, 2011 7:18 PM
671	Definitely need background check.	Feb 13, 2011 7:46 PM
672	MA or BA in child development or related field. Providers need to attend regular training offered at respite worker's office or related classes at community college.	Feb 13, 2011 8:30 PM
673	Should be fingerprinted and back grounds checked.	Feb 13, 2011 8:42 PM
674	Checking.	Feb 13, 2011 9:17 PM
675	Should have some training relatedmto child care in addition to some knowledge and training or experience with disability being served.	Feb 13, 2011 9:19 PM
676	Regional Center to check that the person or organization providing the services is fully qualified.	Feb 13, 2011 9:26 PM
677	trained loving patient	Feb 13, 2011 10:22 PM
678	clean criminal backgruond, trianing, experience	Feb 13, 2011 10:28 PM
679	As presently required	Feb 14, 2011 12:19 AM
680	See Q. 3.	Feb 14, 2011 1:23 AM
681	Parents should be allowed to determine who is providing respite services especially since it typically occurs in thier home with their children in a more personal setting then typical services. Currently at my Regional Center we have to use an agency and it makes hiring a respite worker that I trust difficult. I do believe they should have CPR/First Aid training and background checks are important as well, however that is not the only basis for hiring a respite worker. I want someone with specialized experience or training in handling a child with ASD. Many respite workers from teh agency don't typically handle young childrern, but teens or young adults and that isn't appropriate for a 5 year old with autism in most cases.	Feb 14, 2011 1:58 AM
682	depends on needs of the client. A qualified person or agency will be determined by the needs. For example, if the client needs a nurse or someone who can change a catheter, then the respite care provider must have that qualification.	Feb 14, 2011 1:58 AM
683	Services should be provided only by persons or organization that are properly vendorized as described in the Langerman Act Section 4648 (a) (3).	Feb 14, 2011 2:01 AM
684	Evaluated closely by the guardian and the regional center worker.	Feb 14, 2011 2:48 AM
685	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 3:28 AM
686	Those persons and organizations properly vendorized, per the Lanterman Act.	Feb 14, 2011 3:47 AM
687	Should not be provided by a family member.	Feb 14, 2011 5:10 AM
688	See previous answers to this question.	Feb 14, 2011 6:16 AM
689	None	Feb 14, 2011 9:08 AM
690	Understanding of what the disabled person needs. Medical training, CPR, first aid.	Feb 14, 2011 4:14 PM
691	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 4:18 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
692	The service provider should be trained in providing care for people in wheelchairs; i.e. the proper ways to transfer. They should also be educated in the importance of repositioning individuals in wheelchairs; and helping to keep them as active as possible.	Feb 14, 2011 4:34 PM
693	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 4:35 PM
694	Basic training in behavior interventions	Feb 14, 2011 4:48 PM
695	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 5:09 PM
696	all	Feb 14, 2011 5:24 PM
697	When an organization recieves Purchase of Service the most effective way of understanding client and caregiver needs is through their own Home Assessment. These home assessments should be authorized through the POS so that the organization can make a through and quality assessment of what the unique needs of the client and caregiver are.	Feb 14, 2011 5:26 PM
698	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:36 PM
699	See above	Feb 14, 2011 5:54 PM
700	Proper QA	Feb 14, 2011 6:11 PM
701	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:15 PM
702	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:16 PM
703	This can be for those who need intern work and maybe figure out if this is the fileld they want to pursue.	Feb 14, 2011 6:16 PM
704	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:21 PM
705	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 6:31 PM
706	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 6:32 PM
707	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:32 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
708	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:34 PM
709	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 6:38 PM
710	None	Feb 14, 2011 6:44 PM
711	Qualifications of staff that provide respite care services should vary on the needs of the consumer and family. A private agency may be funded and/or LVN/RN care may be provided if the consumer has a medical condition that requires this level of intervention and there is no available generic resource, private insurance or other resources.y.	Feb 14, 2011 6:59 PM
712	Needs to be people that have integrity, are trustworthy and honest. Especially if they work within homes and parents are not always around. Staff should not be butting in on the business of the family. They should not be interfering with anything that is going on within the home. They are there to provide respite, not counseling.	Feb 14, 2011 6:59 PM
713	liscenced and trained in behavior modification and restraint.	Feb 14, 2011 7:03 PM
714	none	Feb 14, 2011 7:07 PM
715	No illegals no pay,	Feb 14, 2011 7:08 PM
716	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues	Feb 14, 2011 7:11 PM
717	By those properly vendorized as described in teh Lanterman Act.	Feb 14, 2011 7:29 PM
718	All respite staff should be employed by an agency, first aid and cpr certified, and finger print cleared.	Feb 14, 2011 7:30 PM
719	services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act section 4648 a 3 A.	Feb 14, 2011 7:32 PM
720	Services should be provided by persons or organizations properly vendorized as described by the Lanternman Act 4648(a)(3)(A)	Feb 14, 2011 7:37 PM
721	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 7:51 PM
722	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 9:03 PM
723	N/A	Feb 14, 2011 9:13 PM
724	When a family is able to hire someone they know and trust and who knows their child (the consumer) then and only then is it a BREAK for the family.	Feb 14, 2011 9:33 PM
725	Ensure that the Respite workers are trained to deal with special needs children.	Feb 14, 2011 9:36 PM
726	N/A	Feb 14, 2011 9:42 PM
727	Properly licensed vendors	Feb 14, 2011 10:02 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
728	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM
729	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 14, 2011 10:25 PM
730	Each vendored agency should meet the minimum qualifications for providing respite care to the consumers and family.	Feb 14, 2011 10:31 PM
731	have exerpience working with disable person	Feb 14, 2011 10:55 PM
732	agency should hire responsible person who has some knowledge or experience with the specific disability they are caring for	Feb 14, 2011 11:03 PM
733	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 14, 2011 11:12 PM
734	1. An organization with a proven track record of safety such as Parks Beach and Recreation, YMCA, Camps, etc	Feb 14, 2011 11:38 PM
735	Program directors should have a Master degree in Psychology, Social Work, MFT, or a related field. Those working directly with the children should have at least one years experience working with children or adults, special needs prefered.	Feb 14, 2011 11:51 PM
736	Qualified providers who have passed the screening and meet requirements	Feb 15, 2011 12:04 AM
737	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 12:21 AM
738	None.	Feb 15, 2011 1:07 AM
739	none	Feb 15, 2011 1:07 AM
740	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 15, 2011 1:16 AM
741	licensed/certified and trained providers	Feb 15, 2011 1:41 AM
742	Services should be provided only by persons or organizations that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:43 AM
743	none	Feb 15, 2011 1:43 AM
744	Continue opportunity for families to select their own worker as long as that person can work legally and has the training to care for the consumer. Require appropriate medical personnel when necessary to ensure the safety of the person.	Feb 15, 2011 1:45 AM
745	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:49 AM
746	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 1:57 AM
747	I like that we can choose the people.. That way we know we can trust them with our children..	Feb 15, 2011 1:59 AM
748	up to respite agency	Feb 15, 2011 1:59 AM
749	Survey of the people using the services.	Feb 15, 2011 2:06 AM
750	People who work with people with disabilities	Feb 15, 2011 2:06 AM
751	survey/regional center feedback on satisfaction with facility/respite caregiver	Feb 15, 2011 2:08 AM
752	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 2:39 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
753	As long as the person has taken the CPR and has the patience and compassion to care for someone who has developmental disabilities.	Feb 15, 2011 2:45 AM
754	Training appropriate for the level of care the consumer needs.	Feb 15, 2011 2:49 AM
755	Persons should be trained in behavioral interventions and have medical training in order to respond to emergency situations and should have knowledge of developmental disabilities	Feb 15, 2011 2:53 AM
756	IMMEDIATE FAMILY MEMBERS	Feb 15, 2011 2:55 AM
757	A demonstrated history of success in the exact or related service area is vital. Thorough background checks must be mandatory in identifying an appropriate service provider. Outcome measurements results from the perspective of the circle of support, collaborative agencies, etc.	Feb 15, 2011 3:15 AM
758	At least AA degree who receives on-going trainining.	Feb 15, 2011 3:17 AM
759	only persons	Feb 15, 2011 3:21 AM
760	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 3:23 AM
761	respite may be provided by family/friend who is familial with consumer; may be more comfortable to consumer rather than by professional outside of the family; and less costly.	Feb 15, 2011 3:33 AM
762	Respite providers should have knowledge of the disability of the child they are caring for and given training on behavior support if the child has behaviors that interfere. Basic care, CPR and emergency preparedness.	Feb 15, 2011 4:09 AM
763	See the Lanterman Act!!	Feb 15, 2011 4:10 AM
764	Responsible, clean back ground, understanding of special needs	Feb 15, 2011 4:10 AM
765	Our child was diagnosed with high functioning autism at an early age. Respite services have allowed us to receive care for our son from a qualified professional that understands autism.	Feb 15, 2011 4:18 AM
766	We need a better list of qualified people who provide respite services. We have tried to use people from the Respite list. We have not found people we felt comfortable with. We usually find people who we feel are more qualified for our situation. It is hard to keep people working for minimum wage. We find we need to offer extra money to keep good respite workers.	Feb 15, 2011 4:40 AM
767	none	Feb 15, 2011 5:14 AM
768	REPORTS FROM THE CAREGIVERS/PARENTS ON SATISFACTION ON HOW THESE SERVICES ARE BEING PROVIDED, ETC.	Feb 15, 2011 5:17 AM
769	An organization is needed to find, check-out, and maintain a list of qualified respite workers. Some parents can't find workers.	Feb 15, 2011 5:39 AM
770	Getting criminal background checks, CPR certification, and TB testing is a must for providers	Feb 15, 2011 5:41 AM
771	see comments on Behavior services	Feb 15, 2011 5:42 AM
772	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:10 AM
773	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:35 AM
774	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:41 AM
775	expertise in the area of disability, fingerprinted and background checked.	Feb 15, 2011 7:32 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
776	I believe that respite providers should only be sending persons in who have worked with behavioral cases under a mentor and have been fully trained and certified. What I have seen is a terrible misuse of funds and sending unqualified persons into homes that need the most support. You are failing in this area. I have never spoken to anyone who was happy with their in-home behavioral respite. And there is much need for out of home respite.	Feb 15, 2011 9:04 AM
777	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
778	Those standards are already in practice through agencies who provide this support.	Feb 15, 2011 12:49 PM
779	Keep a theral eye on them.	Feb 15, 2011 2:44 PM
780	Supervision	Feb 15, 2011 3:18 PM
781	Respite providers should not be a family memeber adn preferably would know about children/adults with developmental disabilities.	Feb 15, 2011 4:07 PM
782	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 4:09 PM
783	Providers should be certified and screened to assure child safety.	Feb 15, 2011 4:20 PM
784	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 4:28 PM
785	that they have experience and understand the disability	Feb 15, 2011 4:59 PM
786	Pass all required test when appyling for the job.	Feb 15, 2011 5:13 PM
787	no	Feb 15, 2011 5:37 PM
788	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:07 PM
789	Licensed and inspected.	Feb 15, 2011 6:18 PM
790	Respite workers should have some what of experience with working with the type of need the family requires. Pairing and matching a worker to the consumer needs will create a good relationship and better results for a child's experience.	Feb 15, 2011 6:31 PM
791	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 6:32 PM
792	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 6:40 PM
793	DON'T CHANGE ANYTHING!!! This area has been hit TOO HARD over the past few years and families need their respite!!!	Feb 15, 2011 6:44 PM
794	Highly trained professionals. I would like to see all respite care givers be ABA trained.	Feb 15, 2011 7:01 PM
795	The respite provider has been excellent and the worker as well	Feb 15, 2011 7:01 PM
796	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 15, 2011 7:01 PM
797	Qualifications of staff that respite care services will vary based on the stated mission and outcomes of the specific program and the population of consumers served by that program. For example, if LVN/RN respite care is funded, then an LVN or RN needs to provide it. If respite care is provided to a child with significant challenging behaviors, then the staff should be qualified to address those issues.	Feb 15, 2011 7:03 PM
798	See before	Feb 15, 2011 7:04 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
799	CPR and first aid trained, not related to the client	Feb 15, 2011 7:20 PM
800	n/a	Feb 15, 2011 7:24 PM
801	Reginal center provides for respite and that should be able to continue and not be cut.	Feb 15, 2011 7:38 PM
802	Some college or 1 year of experience working with persons with disabilities/autism DRUG TEST CPR/First Aid Training programs Evaluations	Feb 15, 2011 7:40 PM
803	There's no qualifications in order to receive this service: it's for Parents or care-givers of disabled consumers.	Feb 15, 2011 8:22 PM
804	We have had a difficult time with the persons working at the organization, United Cerebral Palsy.	Feb 15, 2011 8:33 PM
805	should have a basic knowedge of the disability, should have training on programs, behavior, safety issues, how to deal with emergencies and first responders	Feb 15, 2011 8:43 PM
806	Government has list of individual who is providing respite (these individuals have the qualities needed to take care children of disabilities). It is not easy to find someone/agency who can take care of the children with disabilities.	Feb 15, 2011 8:46 PM
807	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act	Feb 15, 2011 9:01 PM
808	state standards	Feb 15, 2011 9:15 PM
809	Agency workers should receive some sort of training If self-vendored, a family member should not be used; e.g. it just doesn't seem right to pay a grandparent to babysit their own grandchild.	Feb 15, 2011 9:15 PM
810	As needed on an individual basis	Feb 15, 2011 9:29 PM
811	Services should be provided only by persons or organizations that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 9:40 PM
812	FAMILY MEMBERS SHOULD BE ABLE TO PROVIDE RESPITE CARE, IF DEEMED QUALIFIED BY A MEDICAL PROFESSIONAL	Feb 15, 2011 9:41 PM
813	Offering choices in respite care providers to consumers and their families will ensure that qualified providers are able to be found.	Feb 15, 2011 9:41 PM
814	All vendors and service providers should have adequate training, whenever possible certifications and qualifications to provide services aforementioned.	Feb 15, 2011 9:46 PM
815	Service providers should be qualified and monitored according to the existing vendorization process, and overseen by the regional centers and DDS.	Feb 15, 2011 9:49 PM
816	Respite workers should have experience working with a variety of special needs children. Background checks should also be done.	Feb 15, 2011 9:51 PM
817	Really happy with the perfomance of the Golden Gate Regional Center	Feb 15, 2011 10:17 PM
818	Only persons or organization that are properly vendorized as described in the Lanterman Act should provide services.	Feb 15, 2011 10:33 PM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
819	It's hard to be choosy when you are dependent on volunteers, but high quality is always the standard. It is imperative that volunteers be trained as well. I used to direct a program called "Samaritans Serving Seniors," whereby church volunteers, many seniors themselves, would regularly visit someone who was homebound. Volunteers were trained (e.g., do bring photos or look at the other person's photo albums with them), but do not provide any medical services or personal services such as giving a bath, moving them, etc. Companionship is the goal. I've seen disabled persons who rarely talked or seemed unresponsive, "come to life" when they were shown photos from their past. They would point out people they recognized and show joy. Music is another method of helping the elderly disabled individuals respond. Some start wiggling their toes or move in their chairs. Others want to "dance" with Santa at the convalescent center!	Feb 15, 2011 10:35 PM
820	organization should be able to deal with children of special needs.	Feb 15, 2011 11:02 PM
821	First Aid, Fingerprinted, etc. staff being able to handle emergencies.	Feb 15, 2011 11:03 PM
822	Trained and licensed as per state law	Feb 15, 2011 11:09 PM
823	At a minimum, a BCBA should be available for consultation for cases where autism is involved.	Feb 15, 2011 11:14 PM
824	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 15, 2011 11:37 PM
825	The organizations that provide this service are very useful for those families that need these services.	Feb 15, 2011 11:38 PM
826	No more Parent Vendor respite- need to use "Employer of Record" Minimize agency respite. Eliminate day care as day cares cannot discriminate against persons with disabilities according the ADA.	Feb 15, 2011 11:40 PM
827	Only persons and organizations that are properly vendorized, as described in the Lanterman Act.	Feb 15, 2011 11:42 PM
828	over 18, background check, possess necessary skills for needed support, first aid and CPR certification, does not live in the same home	Feb 15, 2011 11:53 PM
829	Proper training.	Feb 15, 2011 11:54 PM
830	A family member or someone the parent/guardian trusts.	Feb 16, 2011 12:19 AM
831	- 9 units of ece/human services/child development coursework -1 year experience working with children -supplemental ongoing training offered by program -Min Master's level Program Director -Min Master's level Behavioral Support to complete assessments and plans	Feb 16, 2011 12:30 AM
832	The service standards should be maintained by the standards already in place by Title 17. These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:32 AM
833	Experienced trainer knowledgeable in advocacy/case management/legal (i.e. Conservatorships, if adult or abbreviated Intro to Conservatorship even if child not yet 18 yrs. old).	Feb 16, 2011 1:22 AM
834	Qualifications should be no criminal records and a desire to care for an individual with disabilities.	Feb 16, 2011 1:41 AM
835	?	Feb 16, 2011 1:53 AM

4. Suggested service standards about the qualifications and performance of the

	Response Text	
836	Check, check and double check the background of the provider. These clients have issues that a "non-disabled" person does not. The providers should have at least 8 hours of training and should know basic CPR. Performance of the provider needs to be reviewed on a regular basis which will guide them in areas they are storng in and help them improve in areas that they are weak in.	Feb 16, 2011 1:54 AM
837	need more agencies with people who are BETTER paid	Feb 16, 2011 2:21 AM
838	NONE	Feb 16, 2011 2:21 AM
839	If these services were provided by qualified ABA agencies, that would be a lot more effective than just a sitter. Most of the ABA agencies have a no-babysitting / respite care policy (believe me I've asked!). Also, the provider should know first aid. If the sitter is not ABA, they should be an adult with a special needs background, and should be background investigated by the agency providing the services. We use our immediate family members when possible as they are aware of our child's behaviors, and are not strangers.	Feb 16, 2011 2:31 AM
840	same as IHSS workers	Feb 16, 2011 2:52 AM
841	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 3:06 AM
842	I think the option of parent vendor or vendor respite is great. It leaves the decision up to the parent to make the decision that is best for their family.	Feb 16, 2011 3:09 AM
843	Current standards are appropriate.	Feb 16, 2011 3:29 AM
844	As needed by family.	Feb 16, 2011 4:01 AM
845	Follow the Education and Penal codes.	Feb 16, 2011 4:06 AM
846	Services should be provided only by persons or organization that are properly vendorized as described in the Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 4:48 AM
847	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 5:07 AM
848	same as SL staff	Feb 16, 2011 5:22 AM
849	Credentialed Providers	Feb 16, 2011 5:32 AM
850	Services should be provided by persons and or organizations that are properly vendorized as described in The Lanterman Act	Feb 16, 2011 5:35 AM
851	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 5:53 AM
852	For children with medical needs, LVN level of care may be needed. for chidlren with behavioral needs, a provider with training in behavioral techniques would be necessary. It is essential that all respite providers be screened for criminal record, illegal drug use, communicable disease prior to working with any children	Feb 16, 2011 6:15 AM
853	Services should be provided only by persons or organization that are properly vendorized as described in The Lanterman Act Section 4648 (a) (3) (A).	Feb 16, 2011 6:18 AM
854	as per standards set by agencies giving dollars to support and sub service providers	Feb 16, 2011 7:20 AM
855	The person/organization should either have experience dealing with people with developmental disabilities or have an existing relationship with the consumer.	Feb 16, 2011 7:31 AM
856	Same standard as school district. plus ability to smile plus LOTs of common sense.	Feb 16, 2011 7:48 AM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
1	Regional center is to pay	Jan 28, 2011 12:50 AM
2	Regional center contract or through social services.	Jan 28, 2011 12:59 AM
3	Share of Cost from families that have a certain percentage of income.	Jan 28, 2011 1:04 AM
4	continue to pay for respite services	Jan 28, 2011 1:15 AM
5	All parents shold have a monthly co-payment regardless of the number of hours or income. ex 4 hrs 15 a month, 8 hrs 25 a month 16 hrs 50 dollars a month. If they can not afford the 50 they can still get respite bit at the lower rate.	Jan 28, 2011 1:20 AM
6	pay at least market rate to ensure quality staff, lower turn-over- high turnover is not useful when it comes to the vendor and consumer having to constantly re-introduce themselves, develop a relationship etc	Jan 28, 2011 1:21 AM
7	INDIVIDUAL CHOICE BUDGET.	Jan 28, 2011 1:34 AM
8	Children could have a Level of Care assignment with a $$ amount attached to it for self-directed services.	Jan 28, 2011 1:39 AM
9	ICB	Jan 28, 2011 2:05 AM
10	regional center should pay in full.	Jan 28, 2011 2:18 AM
11	paid in after service provided same as IHHS model is from the State of California	Jan 28, 2011 2:20 AM
12	The regional center should pay for this service.	Jan 28, 2011 2:33 AM
13	cancel all services	Jan 28, 2011 2:38 AM
14	I find it ridiculous that different providers get various rates based upon geography and other factors for providing the same service. I believe a rate should be set by geography, and all providers in the area should receive the same reimbursement. The ability to send our bills electronically, vs. the manual procedure currently in place should be replace with an updated electronic billing system. This rather large investment will eventually be paid back in the dollars saved by having a more efficient and cost effective billing procedure. I am appalled that the Regional Centers and the Department are paying for "consumer miles" Essentially, caregivers are being paid to travel from their home to the consumers house and back home again. I do not know any employer who would pay their employees to travel to work. When I have inquired about the amount that is being paid on a monthly basis, no one can seem to get a figure for this total. I do believe if you are able to determine what the approximate monthly expenditures are, you are going to be astonished. I know of one medium size agency that is billing over $500,000 per year in transportation. Additionally, when you start paying people by the mile, you are opening up the system to incredible fraud. I have also determined that agencies are billing for mileage to take the consumer out of the house to a movie, or park or elsewhere. It is bad enough that I as a taxpayer is paying for caregivers to go to work, but it is more appalling that I am also paying them to drive them to entertainment. I was under the impression that this was In-Respite, which is my eyes, the consumer stays in his own home with a caregiver. This is a very easy benefit to cut, with no pain to providers or the consumer.	Jan 28, 2011 2:43 AM
15	$10 an hour.	Jan 28, 2011 3:20 AM
16	If medical insurance or MediCal will pay, they should be the primary provider. Otherwise vendored through the regional center or agency overseeing the program.	Jan 28, 2011 3:22 AM
17	minimum wage was suitable	Jan 28, 2011 3:22 AM
18	Covered 100%	Jan 28, 2011 3:37 AM
19	Parents should not pay.	Jan 28, 2011 3:37 AM
20	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM

5. Suggested service standards about the payment for these services:

	Response Text	
21	Payment should be made on a sliding scale based on income.	Jan 28, 2011 4:02 AM
22	Need, not income! Make case by case determinations about payment. The level of distress that a family is undergoing should be a determinant.	Jan 28, 2011 4:04 AM
23	Share-of-cost with parents based on income.	Jan 28, 2011 4:14 AM
24	I think that a standard rate for professional babysitting would be adequate.	Jan 28, 2011 4:18 AM
25	Once per month	Jan 28, 2011 4:18 AM
26	?	Jan 28, 2011 4:24 AM
27	State and federal money should cover costs for minimum respite needs.	Jan 28, 2011 4:43 AM
28	Should be paid by Regional Centers	Jan 28, 2011 4:57 AM
29	as set up	Jan 28, 2011 4:58 AM
30	This should be determined based on the IPP	Jan 28, 2011 5:04 AM
31	As necessary.	Jan 28, 2011 5:59 AM
32	On time and on the old pay scale of 2008.	Jan 28, 2011 6:23 AM
33	No comment.	Jan 28, 2011 6:38 AM
34	REGIONAL CENTERS	Jan 28, 2011 6:55 AM
35	At least $10 an hour to get a higher level of provider who will stick around for a while	Jan 28, 2011 7:23 AM
36	State, Federal or Local payments. Co-pay if necessary	Jan 28, 2011 7:31 AM
37	Insurance companies and health plans should help pay the cost for these services as they are important for the physical and mental health of all family members.	Jan 28, 2011 8:25 AM
38	Parents NEED assistance in this area. Especially when your child has aged out of regular day care. After middle school where does your child who is not mentally his chronological age go??	Jan 28, 2011 5:06 PM
39	Payments should remain the same.	Jan 28, 2011 5:08 PM
40	Eliminate voucher respite. Providers of respite should be hired by an agency and paid through the agency rather than paid by the parent.	Jan 28, 2011 5:13 PM
41	Regional Centers and Insurance Companies.	Jan 28, 2011 5:16 PM
42	Pay what it actually costs and provide mechanisms for cost of living adjustments and benefits at even a fraction of what State employees get.	Jan 28, 2011 5:31 PM
43	- At least the same rate as IHSS workers which is pretty dismal as it is.	Jan 28, 2011 5:31 PM
44	Current levels plus a increas for inflation at least every two years.	Jan 28, 2011 5:35 PM
45	Quarterly POS. Regional Centers to determine median rate of payment for non-specialized care and to pay only a subsidy for costs beyond that amount.	Jan 28, 2011 6:09 PM
46	If the respite standard is 30 hours a month then anything above that number should be assessed at a higher family co pay. The families should present a calender of the schedule of the disabled member and their schedules with proof of employment or schooling to justify addional hours. If the consumer is an adult the the same schedule need should apply - both should take into account IHSS hours. With adults and children the family may be using the IHSS to pay themselves and then need respite - IHSS can be used to hire other people for repite under the supervison hours.	Jan 28, 2011 6:16 PM
47	Co payment based upon financial needs of the family	Jan 28, 2011 6:18 PM
48	Respite should be provided for consumers at no charge to them for families who keep their consumer in their family homw.	Jan 28, 2011 6:18 PM
49	The amoutns and rates should increase from what they currently are.	Jan 28, 2011 6:26 PM
50	Do not allow parent reimbursement for this or any service. The regional center has no way to ensure accountability under a parent reimbursement system.	Jan 28, 2011 6:27 PM

5. Suggested service standards about the payment for these services:

	Response Text	
51	It is tough for a parent to fund the entire respite or childcare up front and wait the 15 days for reimbursement. I believe the ebilling is a step in the right direction to speed up this process and make it more effective for processing.	Jan 28, 2011 6:36 PM
52	There are already guidelines regarding FCPP. Payments should be timely manner.	Jan 28, 2011 6:46 PM
53	Government funding, grants, scholarships, even insurance should provide this as well.	Jan 28, 2011 6:52 PM
54	government funded	Jan 28, 2011 6:52 PM
55	set rates	Jan 28, 2011 6:54 PM
56	Disclose payment of services to parents to rate if compensation is commensurate with services provided	Jan 28, 2011 6:58 PM
57	standard pay scale for all respite employees determined by cder	Jan 28, 2011 7:06 PM
58	Currently, there are potentially MILLIONS of dollars in taxes not being collected by the Federal and State government because Regional Center funds are going directly to families without any kind of fiscal oversight. This is called the parent voucher program and is still prevalent among many Regional Centers throughout the state. These families are mandated to act like businesses by witholding and reporting taxes, carrying a general and liability insurance policy as well as a workman's comp policy. Not only is this an unreal expectation, but on average these families fail at or around 98% of the time when audited by Regional Center. Liability for this lack of documentation and workman's comp is usually laid at the feet of the Regional Center. When converted to a Respite agency, there is an attrition that takes place to weed out those families that take the money without actual workers and those using and/or exploiting undocumented workers. This attrition helps, if not compensates for, the small administrative fee included in an agency's rate. Also, the consumer's safety is safeguarded by worker background checks. Regional Center accounting and case management staff would be able to increase productivity at a time when Ops budgets are being cut, by not dealing with the constant barrage of calls regarding checks and authorizations. This is evidenced by those Regional Centers who have already gone through a mass Respite conversion. Any parent vouchered service, such as daycare, operates on these same premises and would benefit from the security and oversight an agency provides.	Jan 28, 2011 7:10 PM
59	Not sure.	Jan 28, 2011 7:12 PM
60	Pay what they actually cost; provide for cost of living adjustments and benefits	Jan 28, 2011 7:13 PM
61	Payment should go directly to the service provider or agency. Eliminating the "parent vendored" respite option would reduce the amount of fraudulent respite usage.	Jan 28, 2011 7:17 PM
62	I would encourage all the families to go through an agency for their respite services. This relieves them of the burden of keeping all the required documents and insurances. And, it makes sure the service is being used legitimately.	Jan 28, 2011 7:26 PM
63	Current standards are sufficient.	Jan 28, 2011 7:33 PM
64	Fees could be based on detailed budget plans outlining costs. Costs over a specific amount would need to be monitored more closely than less expensive ones.	Jan 28, 2011 7:51 PM
65	See #3.	Jan 28, 2011 8:01 PM

5. Suggested service standards about the payment for these services:

	Response Text	
66	Our respite workers have not had any wage increases in 4-5 years, which we know is because DDS keeps cutting the rates for the agencies. This is not sustainable. At least DDS still allows mileage for the caregivers who work for agencies, or else I think my best respite workers may have quit by now! Keep paying mileage to the respite agencies to pay the workers!	Jan 28, 2011 8:01 PM
67	There should be some type of Co-payment based on family's income and expenses.	Jan 28, 2011 8:02 PM
68	Parent vouchers should be provided for consumer choice of respite workers. This should not be mandated through a respite agency (which will save money) but the consumer can use whoever they feel would best meet their needs. For example, a grandparents, a family sitter, a tutor, etc.	Jan 28, 2011 8:08 PM
69	Minimum wage per hour.	Jan 28, 2011 8:17 PM
70	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
71	Regional Centers should contribute to payment if the clients' relatives do not have insurance.	Jan 28, 2011 8:50 PM
72	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM
73	When family members are vendored under a voucher system, they should be free to negotiate their own rate of provider pay, but would be reimbursed only at the rate paid to workers individually vendorized for that level of service, or the amound actually paid, whichever is less. Such families should be able to select any provider of their choice, without any imposed requirements for medical or professional licenses or certifications. Family members should be responsible for determining the qualifications of the respite workeres they hire.	Jan 28, 2011 9:01 PM
74	It would be helpful to either raise the pay for those providing these services or lower the requirements. Vouchers to cut the regional center vendorization and associated costs.	Jan 28, 2011 9:04 PM
75	Pay what they actually cost; provide for cost of living adjustments and benefits, to at least a fraction of what State employees get	Jan 28, 2011 9:04 PM
76	if for a child, should be paid for on a sliding scale for parents. Non DD kids' parents don't get free babysitting unless there are state funded services. It should be the same for our clients. respite should not just be an entitlement especially if the parents can truly afford it. for adult clients, parents should still have to pay for some of the respite if they can afford it, because it is still a break for them.	Jan 28, 2011 9:11 PM
77	See prior	Jan 28, 2011 9:27 PM
78	Payment standards should be set according to industry standards in the area of operation.	Jan 28, 2011 9:41 PM
79	Allow parents to chose re-imbursement or to go through a vendored service providers.	Jan 28, 2011 9:41 PM
80	It should be based on household income and at the same rate a professional service would be paid. Regional Centers could then deduct administrative costs and pay the service provider from the remainder.	Jan 28, 2011 9:41 PM

5. Suggested service standards about the payment for these services:

	Response Text	
81	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things the Regional Center, CCS and MediCal fund, and clear easy instructions for how to ask/get Regional Center/MediCal/CCS to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! It does work to keep needy parents from completing the application process and thus reducing your costs.	Jan 28, 2011 10:11 PM
82	all regional centers should pay the same payment for two or more consumers in the same family should be set at a higher rate than is currently established	Jan 28, 2011 10:13 PM
83	Regional Center to fund less co-payment by families.	Jan 28, 2011 10:23 PM
84	survey current participants/service providers	Jan 28, 2011 10:23 PM
85	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things the Regional Center, CCS and MediCal fund, and clear easy instructions for how to ask/get Regional Center/MediCal/CCS to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! It does work to keep needy parents from completing the application process and thus reducing your costs.	Jan 28, 2011 10:32 PM
86	See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
87	staff should be pay more then the minimal to find a good care taker	Jan 28, 2011 10:58 PM
88	Pay the cost.	Jan 28, 2011 11:09 PM
89	No.	Jan 28, 2011 11:32 PM
90	This is like bably sitting. The caregiver should pay.	Jan 29, 2011 12:09 AM
91	Fully provided.	Jan 29, 2011 12:21 AM
92	Should be at least regular childcare rate as parents often have to supplement rate to get a person who is willing to have a bit of extra training or put out more effort than would usually be necessary for a typical child	Jan 29, 2011 12:27 AM
93	Payment should be adequate to support provider for services rendering.	Jan 29, 2011 12:58 AM
94	Only costs over and beyond what a family would pay for a person of the same age without a disability should be paid for. the justification should be clear and not generic, e.g., "he has autism", that is meaningless	Jan 29, 2011 1:17 AM
95	If the family continues to keep the qualifying family member at home, then the respite is effective.	Jan 29, 2011 1:45 AM

5. Suggested service standards about the payment for these services:

	Response Text	
96	Respite care sh most definitely be provided on a share of cost or sliding scale system. when medical staff are needed this may be difficult for families. I feel that families sh share these costs if they can afford to. or perhaps they could rec services based on what they can afford.	Jan 29, 2011 2:18 AM
97	Payment should be done by direct debit to a bank account in the providers name.	Jan 29, 2011 2:48 AM
98	Regional Centers- SSI Department of Developmental disabilities	Jan 29, 2011 3:14 AM
99	Federal, state, and county taxpayers should pay for these services. A sliding scale can be determined for those patients are are not at poverty level.	Jan 29, 2011 3:15 AM
100	go back to direct pay instead of doubling the cost by having these services provided by a care agency -- you are now paying twice as much for these services ----	Jan 29, 2011 3:18 AM
101	Pay a decent wage.	Jan 29, 2011 3:40 AM
102	fully funded	Jan 29, 2011 3:47 AM
103	The state should pay 100% of the services.	Jan 29, 2011 3:51 AM
104	adequately	Jan 29, 2011 4:44 AM
105	Reimbersment	Jan 29, 2011 4:51 AM
106	No one should be cut	Jan 29, 2011 5:11 AM
107	fully supported by regional center	Jan 29, 2011 5:12 AM
108	They should be enough to attract and retain qualified providers and allow for the costs involved by an agency.	Jan 29, 2011 6:14 AM
109	regional center	Jan 29, 2011 6:33 AM
110	$15/hr for quality service	Jan 29, 2011 6:37 AM
111	Allow parents to set the price, and make up the difference.	Jan 29, 2011 6:46 AM
112	Pay $12/hour.	Jan 29, 2011 6:52 AM
113	TAXES	Jan 29, 2011 7:24 AM
114	provide by state fund program	Jan 29, 2011 7:53 AM
115	Independent accounting firm or parent vendor	Jan 29, 2011 8:45 AM
116	From RC's	Jan 29, 2011 8:49 AM
117	co-pay	Jan 29, 2011 3:14 PM
118	Keep current practice of family contribution based on income.	Jan 29, 2011 4:50 PM
119	Please read column 3.	Jan 29, 2011 6:57 PM
120	The cost to parents for resipt should be minimal or none.	Jan 29, 2011 7:14 PM
121	Payment should come partly from the family, if affordable. Many families are using the state funds/regional center funds when they have the resources to pay for these service or part of them. Co-payments would help with the budget downfall.	Jan 29, 2011 7:46 PM
122	Individual case.	Jan 29, 2011 8:40 PM
123	Should be determined by the specific type of respite services offered (i.e. babysitting vs. community access vs. medially or behaviorally trained etc.)	Jan 29, 2011 8:56 PM
124	Vendorization of family members to allow direct payments to families for respite services. Flat hourly rate based on current Market rate set yearly.	Jan 29, 2011 9:10 PM
125	Sliding scale based on ability to pay and services required.	Jan 29, 2011 9:31 PM
126	Regional Centers provide disbursment of respite funds at $10.00 per hour. Parents must pay the worker up front for services rendered, complete time sheets with the worker, and submit the timesheets to the Regional Center before the next pay period.	Jan 29, 2011 9:50 PM

5. Suggested service standards about the payment for these services:

	Response Text	
127	The State needs to be aware that people need this service.	Jan 29, 2011 10:57 PM
128	ALL POSSIBLE RESOURCES- SOME FAMILY CO PAY WHERE POSSIBLE	Jan 30, 2011 12:00 AM
129	I got paid by reginal center after the firned worked for me.	Jan 30, 2011 12:17 AM
130	Should be more realistic about what it takes to pay someone to handle these children.	Jan 30, 2011 12:28 AM
131	Direct payment from regional center.	Jan 30, 2011 12:36 AM
132	Do we really know that family vendored respite payments are going to a careprovider and are not being used to supplement the family income?	Jan 30, 2011 1:24 AM
133	$12/hour.	Jan 30, 2011 4:19 AM
134	Needs to be enough to get and keep good people, probably at least $20/ hour	Jan 30, 2011 5:20 PM
135	Families should be responsible for their own child care, day care, respite, etc. Families are aware that the state budget is in crisis. They should also be held accountable. It should be based on a fee schedule based on income.	Jan 30, 2011 8:12 PM
136	No more paper work/invoice. this is too much work for fiscal. paper work should be replaced by a computer systems that control hours and payment. It needs some thoughts certainly.	Jan 30, 2011 8:22 PM
137	Open dialogue between Regional Center worker and family.	Jan 30, 2011 8:43 PM
138	fair market pay fair pay plan	Jan 30, 2011 9:17 PM
139	Providers should be reimbursed based on duties performed and qualifications to provide those services	Jan 31, 2011 12:07 AM
140	Should be a standard level of pay for this service according to the geography of where that person lives. (might be a higher rate in a major city in CA vrs Arkansas.	Jan 31, 2011 5:01 AM
141	FCPP	Jan 31, 2011 3:47 PM
142	It should be dependent on the level of care, whether special training is required, etc.	Jan 31, 2011 3:49 PM
143	Regional centers should fund agency repsite.	Jan 31, 2011 3:54 PM
144	Seek co-pay based on income.	Jan 31, 2011 3:58 PM
145	The current system works well	Jan 31, 2011 4:24 PM
146	Regional center should not fund child care. this is a responsibiltiy of all families who have minor children and make the choice to work out of the home, and it is a hardship for all families. Maximum respite should be capped at 16 hours per month...that is a break and the intent of the law. When the new changes are made to the law, there should be a clause that these changes are not appealable, but are the new mandates in the law. Too much money is spent on the process of the families appealing everything, and then judges who end up not following the law and reinforcing the families who appeal everything and continue to collect inappropriate services and take advantage of the system.	Jan 31, 2011 4:31 PM
147	Minimum wage with raises according to state standards.	Jan 31, 2011 4:34 PM
148	Co-pays on a sliding scale.	Jan 31, 2011 4:42 PM
149	When parents are assessed with FCPP, the agency whould require payment from them first instead of billing RC first. Parents should be assessed for FCPP regardless of medi-cal status.	Jan 31, 2011 4:51 PM

5. Suggested service standards about the payment for these services:

	Response Text	
150	No comment.	Jan 31, 2011 4:54 PM
151	family cost participation must continue for families receiving this service	Jan 31, 2011 5:05 PM
152	For those families wishing to use a group program (which provides socialization opportunities for the individual as well as respite for the family), it should be possible and uncomplicated for them to use respite funding to cover the costs for the allotted time allowed through respite services, and then pay the rest themselves (some group programs require full-time enrollment, which is not fully covered by respite).	Jan 31, 2011 5:08 PM
153	a cap needs to be placed on the amount allow and it should be the same for all regional centers	Jan 31, 2011 5:18 PM
154	....reasonable co-pay or none...	Jan 31, 2011 5:35 PM
155	n/a	Jan 31, 2011 5:43 PM
156	Regional center purchase of service if the client meets the POS qualifications.	Jan 31, 2011 5:57 PM
157	Co-paynment should be required basd on family's ability to pay.	Jan 31, 2011 6:04 PM
158	The services should be paid by the regional center and if the consumer is under 18, then a share of cost.	Jan 31, 2011 6:17 PM
159	Consumers should not pay for the services; however, if a co-payment is necessary, it should be based on the household income and family composition.	Jan 31, 2011 6:57 PM
160	Parents that have a consumer under 18 must pay for day care, respite as part of their responsibility as a parent. If the disability is above and beyond a child of similar age, parent to fund hourly minimum wage and DDS to fund above due to specialty (medical/behavioral) 18 and over, DDS to fund respite if appropriate	Jan 31, 2011 7:07 PM
161	Vendorizing the family/caregiver is fine. Thinking outside the box, pre-paid debit cards could be an option as well but there needs to be some online way (or in person way) to activate the card once the service has been provided. For instance, a baby sitter watches a child. The parent(s) give the pre-paid debit card to the baby sitter. The parents activate their end of the card online (that night or next day). Caregiver also goes to a site and activates their end. Once both ends are activated, the card is active and can be used. The DDS now has a record of when the service was recorded, the baby sitter enters their SSN# or some other qualifying information that double checks they are vendorized and the records are recorded digitally. This process does have a certain level of fraud risk, but not more than the current program. It could be aurgued this has less and requires a fraction of support to continue the program.	Jan 31, 2011 7:13 PM
162	RC	Jan 31, 2011 7:38 PM
163	advocate at state level for the need internally; educate parents so they can advocate appropriately; identify resources for parents (possibly in the parent-to-parent networks), inlcuding ways to fundraise (so tough for the chronically sleep-deprived, high stressed parents...)	Jan 31, 2011 8:13 PM
164	medicare, medical, insurance & co-payment or person asking for help to repay in volunteering to help others	Jan 31, 2011 9:13 PM
165	Pay what they actually cost; provide for cost of living adjustments and benefits even a frraction of what State employees get	Jan 31, 2011 9:33 PM
166	Parents now share some costs and I believe this format should be continued. I do not propose a specific cost to share. .	Jan 31, 2011 9:35 PM
167	I would think $25.00 per hour would be adequate for this service.	Jan 31, 2011 9:51 PM
168	Up to but not to exceed the cost to house on individual in a Developmental Center	Jan 31, 2011 10:02 PM

5. Suggested service standards about the payment for these services:

	Response Text	
169	The agencies should pay the people who do the work more money. We have had some excellent people start with us, only to quit because they found a job paying better somewhere else.	Jan 31, 2011 10:11 PM
170	rere	Jan 31, 2011 10:31 PM
171	N/A.	Jan 31, 2011 10:36 PM
172	Childcare rates at centers.	Jan 31, 2011 11:52 PM
173	negoiated rate, standard rate set by DDS.must be enough to make a living or provider will not provide quality service to consumer.	Feb 1, 2011 12:59 AM
174	Social responsibility.	Feb 1, 2011 1:27 AM
175	The fees paid for respite in my experience have never been enough to cover the actual costs of hiring someone to provide the service.	Feb 1, 2011 1:34 AM
176	microboards	Feb 1, 2011 1:48 AM
177	Regional Center/Dept. of Rehab... but a streamlined system needs to happen across most if not all services. However, insurance companies should pay if they are referred by a professional.	Feb 1, 2011 3:15 AM
178	Alotted hours provided by RC.	Feb 1, 2011 3:24 AM
179	It takes about 2 people in accounting to process the billings/payments for 1000 parents, most do not have email or are on electronic billing or deposit. Transferring to agency would save the regional center money spent on staff, envelopes, postage, check stock, etc. If this elimination of 420 and transfer to 862 agency cannot be done, require that all parents under 420 bill electronically, have direct deposit and provide an email address.	Feb 1, 2011 3:57 AM
180	Payment should be provided through the Regional Center on time according to the hours requested by the service provider.	Feb 1, 2011 4:29 AM
181	Payment for these services should be based on family resources and need not freely offered based on the individual's diagnosis.	Feb 1, 2011 4:36 AM
182	free, but ask for donation	Feb 1, 2011 4:54 AM
183	Given that my infant is dependant for EVERYTHING including safety, payment for services should be at the very least, as much as for children over 3 years. If a child qualifoes for skilled care but the parent doesn't feel it's warranted, perhaps reimburse child care and respite hours a little higher. It would still be more cost effective than paying for skilled services!	Feb 1, 2011 4:56 AM
184	no payment by family if a doctor or psychiatrist prescribes; pursue mental health insurance (if possible), Medi-Cal, IHSS or regional center to fund the balance.	Feb 1, 2011 5:08 AM
185	their should always be a few contracted beds for those emergency placements that happen frequently.	Feb 1, 2011 5:24 AM
186	Pay a desired amount to the ones caring for child	Feb 1, 2011 5:31 AM
187	see above	Feb 1, 2011 5:32 AM
188	same answer as previous	Feb 1, 2011 6:01 AM
189	Prices vary significantly among different areas of the State. "Standards" are not appropriate because to impose them would penalize consumers in high-cost areas and do not take into account an individual's specific and unique needs and circumstances. If a "standard" is imposed, it should allow for costs up to the amount that the State would pay if the consumer is placed in a developmental center.	Feb 1, 2011 7:25 AM
190	those in place appear to work	Feb 1, 2011 7:31 AM
191	Decent enough hourly wage to make this an attractive option for someone to do.	Feb 1, 2011 9:02 AM

5. Suggested service standards about the payment for these services:

	Response Text	
192	Regional centers	Feb 1, 2011 9:56 AM
193	Consumer need would be assessed using a statewide assessment tool. Based on assessment of need a voucher for time assessed would be given to parent/care provider to use. Parent would be responsible for payment and time records thru a state e-billing system. Parent would be reimbursed upon billing.	Feb 1, 2011 4:27 PM
194	same as current plan - assessed for FCPP	Feb 1, 2011 4:31 PM
195	We supplement them. Regional pays about $9 an hour .... respite workers want $15. We have always supplemented them.	Feb 1, 2011 4:51 PM
196	government	Feb 1, 2011 5:14 PM
197	Accounting side needs to be more open for accepting late claim forms. Majority of family members submit there billing to the agency late and regional center is not willing to accept them. There needs to be a greater grace period.	Feb 1, 2011 5:16 PM
198	Payment to Agencies should be at an hourly contracted rate.	Feb 1, 2011 5:30 PM
199	co pay	Feb 1, 2011 6:05 PM
200	These services must be paid for at the market rate in order to best make certain spaces and professionals will be available to meet the need.	Feb 1, 2011 6:06 PM
201	A person that lives with the client is not to be the respite provider. This needs to be enforced. All respite services should be provided by an agency respite rather that a voucher type where the parent is the respite vendor. I have seen abuses both in billing and what the respite check is used for. For example parents use there own children to provide the respite, spend the money on buying household items and other things rather than paying the respite provider. One parent admitted to using the respite check to pay the mortgage. I've also received inquiries from financial institutions stating that the parent has applied for a loan and put KRC as an income source. Case managers/service coordinators are inundated with call from parents saying that they have not received their respite checks. These calls increase during the holiday season.	Feb 1, 2011 6:15 PM
202	the rete should be high enough for hire a person.	Feb 1, 2011 6:28 PM
203	if they are children, parents should pay for respite just like parents of non DD kids pay for babysitting; if they can't afford, then the RC should pay	Feb 1, 2011 7:01 PM
204	The rate for services has not been increased in years and is in fact going down, it is very difficult to maintain a group of devoted respite workers at the low wage aou agency is able to pay. The decreases have come out of administration so there is no money for training. Our agency is at risk of having to close our respite program.	Feb 1, 2011 7:25 PM
205	Increase funds.	Feb 1, 2011 7:51 PM
206	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM

5. Suggested service standards about the payment for these services:

	Response Text	
207	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
208	Fantastic system in place. It works very well.	Feb 1, 2011 9:30 PM
209	Current standards are adequate	Feb 1, 2011 9:32 PM
210	$9 an hour, plus mileage.	Feb 1, 2011 9:38 PM
211	directly to the care giver, or to the vendored family member	Feb 1, 2011 9:42 PM
212	Parents to pay for this on a sliding scale.	Feb 1, 2011 9:46 PM
213	TAKE IT OUT OF TAX MONEY YOU GET FROM ALL OF US PLUS CUT YOUR INSANE SPENDING. HEY, NO DIS-RESPECT TO MICHAEL JACKSON, BUT WHO ENDED UP FOOTING THAT BILL FOR THE STAPLES CENTER MEMORIAL SERVICE? I BELIEVE, WE, THE TAX PAYERS DID!! STOP TAXING US TO DEATH FOR STUFF LIKE THAT!!	Feb 1, 2011 9:57 PM
214	families who spend time with their family member who has a disability should not be paid through respite to spend time in their family member's home	Feb 1, 2011 10:00 PM
215	regional center	Feb 1, 2011 10:40 PM
216	Government	Feb 1, 2011 10:45 PM
217	State funded.	Feb 1, 2011 10:53 PM
218	The current system is fine. The problem is finding providers.	Feb 1, 2011 11:43 PM
219	Prevailing rates.	Feb 2, 2011 12:10 AM
220	Service payment must be linked to demand, if services are not available, increased payment should be considered to promote provider resources. If you pay them adequately, they will do this work.	Feb 2, 2011 12:15 AM
221	Pay them if they stay long with the parents. If not then they should seek a different job.	Feb 2, 2011 12:30 AM
222	co-pay should be a requirement.	Feb 2, 2011 12:31 AM
223	The payment of services will be divided between RCEB and the family based on income	Feb 2, 2011 12:46 AM
224	Voucher system -- parents can receive a set amount per year, and spend it as they see fit. If they have a very severely disabled child, they should receive a set amount considerably higher than for a child with milder developmental disabilities. Ten hours a week, at $12 per hour, or $120 per week, or about $6000 per year should be considered an average respite voucher fund.	Feb 2, 2011 12:47 AM
225	Based on the community standard.	Feb 2, 2011 12:54 AM
226	A share of cost may be administered.	Feb 2, 2011 1:14 AM
227	Parents should not incur financial stress or liability.	Feb 2, 2011 1:18 AM
228	Every penny spent on a qualified individual who provides respite for the family is worth it.	Feb 2, 2011 2:43 AM
229	Co payment after a certain amt of hours	Feb 2, 2011 2:53 AM
230	$10 - 20 / hour.	Feb 2, 2011 5:31 AM

5. Suggested service standards about the payment for these services:

	Response Text	
231	This should depend on what is involved with the respite. More should be paid with more responsibilities involved & if personal care is involved.	Feb 2, 2011 6:00 AM
232	Self vendorized optimal. The regional center has created so much paper work around being self vendorized that they even discourage parents from going this route. It is a lot cheaper to reimburse the parent $12-14 per hour than to pay agencies 20 plus dollars per hour to provide services.	Feb 2, 2011 6:10 AM
233	Pay people better, and the quality of services will go up.	Feb 2, 2011 6:12 AM
234	N/A	Feb 2, 2011 8:54 AM
235	use only agencies	Feb 2, 2011 2:09 PM
236	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 3:41 PM
237	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 4:58 PM
238	Traditional respite $22 per hour Specialized Respite Services $35	Feb 2, 2011 5:47 PM
239	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 2, 2011 5:54 PM
240	Again, a parental co-pay (beyond FCPP, since parents oftentimes apply for MediCal institutioanl deeming, to avoid FCPP co-payment! If parents have to help pay for the service, then they will think twice about using it as all parents do who use babysitting services for their children.	Feb 2, 2011 6:05 PM
241	Direct contact only.	Feb 2, 2011 6:33 PM
242	Parents should pay copay up to full payment, based on income and assets.	Feb 2, 2011 6:37 PM
243	a	Feb 2, 2011 6:52 PM
244	Parent pays and seeks reimbursement from agency OR agency pays directly.	Feb 2, 2011 6:57 PM
245	parent participation in the cost should be looked at . If a parent were going to hire a babysitter they would have to pay the full cost.	Feb 2, 2011 7:20 PM
246	Person providing services must be a U.S. Citizen.	Feb 2, 2011 7:22 PM
247	The Regional Centers seem to be doing a good job determining respite hours for individual families and thus the payment for such services should remain with the Regional Centers.	Feb 2, 2011 7:34 PM
248	Hourly rate.	Feb 2, 2011 7:41 PM
249	If a client's family is able to pay, it would not be out of line to ask for payment.	Feb 2, 2011 7:45 PM
250	Enough for the family/ agency to find good respite providers	Feb 2, 2011 7:47 PM
251	Respite caregivers should be provided a living hourly wage that is beyond minimum wage. If they can demonstrated training and other qualifications then there should be a tiered system. The question is who is going to oversee this?	Feb 2, 2011 8:57 PM
252	The minimum level of service should be free. Services in excess of the minimum level may have a co-payment. Co-payments need to be reasonable and affordable to a broad range of consumers of the service.	Feb 2, 2011 9:05 PM
253	good care requires compensation that attracts competent staff	Feb 2, 2011 9:40 PM

5. Suggested service standards about the payment for these services:

	Response Text	
254	Parents should be fully responsible for any and all respite care. Make payments directly to respite provider and NOT too parents or siblings	Feb 2, 2011 9:41 PM
255	NONE	Feb 2, 2011 9:45 PM
256	none. Maybe Donation excepted	Feb 2, 2011 9:49 PM
257	A low co-payment could be an option to ease the current financial situation in our State, to avoid suspension of needed services(respite) for these needy families.	Feb 2, 2011 10:06 PM
258	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
259	Provide relief for all that need it!	Feb 2, 2011 10:13 PM
260	One thing that is hard it that one has to pay up front and then be reimbursed for services. Not sure how to solve that one yet though...other than to be able to take the time sheet in and be paid that same day for it... other wise you have to wait a week or two after time sheets are submitted to get reimbursed. many times I am without funds to 'pre-pay'..	Feb 2, 2011 10:20 PM
261	Please previous topic response....	Feb 2, 2011 10:26 PM
262	The lanterman Act, in Sections 4648 (a)(5) and 4690 require the director of DDS to develop and maintain equitable processes for setting rates to assure that regional centrs can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 2, 2011 10:29 PM
263	See previous section response	Feb 2, 2011 10:29 PM
264	Payment for these services is fine	Feb 2, 2011 10:30 PM
265	The consumer or parent of the consumer could have an certain amount of $ to spend when they need it instead of being forced to use a certain number of hours a month.	Feb 2, 2011 10:42 PM
266	Insurance companies should cover some of the cost.	Feb 2, 2011 11:25 PM
267	Given the financial crisis, there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things the Regional Center, CCS and MediCal fund, and clear easy instructions for how to ask/get Regional Center/MediCal/CCS to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! It does work to keep needy parents from completing the application process and thus reducing your costs.	Feb 2, 2011 11:42 PM
268	Funds should be either Federal or State funded.	Feb 3, 2011 12:02 AM
269	Allow parents to supplement the IHR rate. I have always been told that this was not allowed. If hours are going to be cut at least allow families to hire decent workers at a reasonable wage.	Feb 3, 2011 12:06 AM
270	No arbitrary limits. If a child has a ton of medical and therapy appointments, the parents may need more frequent assistance. Parents should be allowed to take a respite worker with them, to go to someplace like Disneyland. Otherwise some of our kids will never get there.	Feb 3, 2011 12:21 AM
271	insurance, family help, financial aid	Feb 3, 2011 12:44 AM
272	Same answer as previous pages	Feb 3, 2011 12:46 AM
273	$ 12 to $ 15 an hour.	Feb 3, 2011 12:51 AM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
274	Semi-annual wage verification	Feb 3, 2011 1:03 AM
275	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 1:03 AM
276	Continue with a minimum share of cost at 10% based on income	Feb 3, 2011 1:04 AM
277	Co-payment from family.	Feb 3, 2011 1:07 AM
278	Pay well	Feb 3, 2011 1:27 AM
279	monitored by regional center	Feb 3, 2011 1:33 AM
280	regional center pays	Feb 3, 2011 2:02 AM
281	Regional center. Families are often financially strapped enough as it is. It is expensive having a disabled family member, medical bills are often quite high.	Feb 3, 2011 2:04 AM
282	Pro-rated.	Feb 3, 2011 2:24 AM
283	Should take account of the going rate for similar services in the surrounding city.	Feb 3, 2011 2:43 AM
284	same as above	Feb 3, 2011 2:55 AM
285	See above	Feb 3, 2011 3:23 AM
286	Regional center	Feb 3, 2011 3:33 AM
287	hourly rate	Feb 3, 2011 4:43 AM
288	no comment	Feb 3, 2011 5:22 AM
289	Payments should be made on a timely basis, no earlier than monthly.	Feb 3, 2011 6:07 AM
290	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:11 AM
291	$12/hr	Feb 3, 2011 6:13 AM
292	Payment should be made promptly.	Feb 3, 2011 6:28 AM
293	it should go directly to provider not through parent's hands anymore to eliminate fiscal abuse	Feb 3, 2011 6:30 AM
294	No Comment	Feb 3, 2011 6:53 AM
295	Free to the families and consumers.	Feb 3, 2011 6:53 AM
296	no copayment.	Feb 3, 2011 6:53 AM
297	RCs pay for these services	Feb 3, 2011 7:32 AM
298	Regional Center should make the payment to the licensed agency.	Feb 3, 2011 7:48 AM
299	Government should pay.	Feb 3, 2011 8:12 AM
300	see above	Feb 3, 2011 1:50 PM
301	See above	Feb 3, 2011 4:42 PM
302	FCPP is a great thing!	Feb 3, 2011 4:44 PM
303	insurance, federal, state local gov.	Feb 3, 2011 4:51 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
304	Always pay a vendor directly, not the family or respite worker. Eliminate any mileage reimbursement costs for respite care. It is an unnecessary expense and shouldn't be the Regional Center's burden. Push the private insurance companies (Blue Cross, Blue Shield, etc, etc) to provide a limited respite benefit as well. This will reduce some of the Regional Center's costs but ensure families are getting the necessary services.	Feb 3, 2011 5:09 PM
305	ALL Regional Centers should use the same system to calculate hours and a maximum of 25 hours per month per family. Families should have a share of cost.	Feb 3, 2011 5:19 PM
306	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:25 PM
307	Financial need must be demonstrated by families to qualify	Feb 3, 2011 5:27 PM
308	Payment should go directly to the person/organization providing the service.	Feb 3, 2011 5:42 PM
309	Co payments on sliding scale . Advocacy should be available to all with no charge.	Feb 3, 2011 5:43 PM
310	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 5:50 PM
311	Free for parents with children who are regional center consumers	Feb 3, 2011 5:52 PM
312	EOR shall be used unless family is unable to recruit their own worker. In home agency to be used with lowest hourly rate. Out of home respite to be used in extraordinary cases only.	Feb 3, 2011 5:56 PM
313	Regional Center should cover cost	Feb 3, 2011 6:11 PM
314	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:19 PM
315	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:31 PM
316	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:32 PM
317	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:45 PM

5. Suggested service standards about the payment for these services:

	Response Text	
318	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 6:50 PM
319	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things the Regional Center, CCS and MediCal fund, and clear easy instructions for how to ask/get Regional Center/MediCal/CCS to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! It does work to keep needy parents from completing the application process and thus reducing your costs.	Feb 3, 2011 6:59 PM
320	Monthly reimbursement after family or individual submits a timesheet for services that month.	Feb 3, 2011 7:26 PM
321	PAyment should be from state	Feb 3, 2011 7:39 PM
322	Electronic billing. and direct deposit.	Feb 3, 2011 7:53 PM
323	Regional Center	Feb 3, 2011 7:56 PM
324	The workers should receive at least $2.00 over the minimum wage.	Feb 3, 2011 8:04 PM
325	Regional Center should allow respite workers who are already known by the caregiver to provide these services.	Feb 3, 2011 8:04 PM
326	Direct billing to regional center. Sometimes there is a significant delay in receiving payment for respite services provided.	Feb 3, 2011 8:19 PM
327	College Students Studying to be Special ed teachers should have to do Respite care as part of their general ed.	Feb 3, 2011 8:29 PM
328	Regional Center system	Feb 3, 2011 8:36 PM
329	A set rate.	Feb 3, 2011 8:37 PM
330	See above	Feb 3, 2011 8:41 PM
331	the State/Regional Center must provide respite services so ensure the child is able to remain in the home, No payment should come out of the family budget.	Feb 3, 2011 8:51 PM
332	As difficult as the economic times are I do wish the pay was more than what it is. BUT WE'RE THANKFUL FOR THE SERVICE JUST THE SAME.	Feb 3, 2011 8:51 PM
333	Capitalists should be taxed and pay. They have taken for long enough.	Feb 3, 2011 8:56 PM
334	Different by individual	Feb 3, 2011 8:58 PM
335	Create a respite option for the client that was similar to the old system: client pays respite worker directly and is reimbursed by RC. This allows for maximum flexibility in chosing respite workers. As a result of the limitations already placed on respite, many clients simply go without respite and are denied that service due to the fact that a suitable worker cannot be found at the "standard" agency.	Feb 3, 2011 9:06 PM

5. Suggested service standards about the payment for these services:

	Response Text	
336	if There is a need then help the families. Kids begin to babysit around 11 and 12 years old. parents cannot leave or safely let our nontypicals alone like we can for others in the same age categories. Parents need support in this arena.	Feb 3, 2011 9:23 PM
337	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:29 PM
338	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:29 PM
339	should automatically be alloted 5hrs a month free- and if the familly would like to purchase extra hours per month- it should be based on income or sliding scale.	Feb 3, 2011 9:38 PM
340	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 9:48 PM
341	n/a	Feb 3, 2011 9:55 PM
342	Services should be payed based on a sliding scale based on family financial need.	Feb 3, 2011 10:09 PM
343	N/A	Feb 3, 2011 10:14 PM
344	$9/hour	Feb 3, 2011 10:23 PM
345	Not beyond what a family with maybe, the median income, could pay for care for their DD child.	Feb 3, 2011 10:45 PM
346	Again, this should be offered as a paid for service in order for the parent to be able to continue to work. If they have to work just to pay the fees, or quit because they can't pay the fees, then this makes it a worthless program.	Feb 3, 2011 10:59 PM
347	The standards need to be reviewed and perhaps revised. If the pay is a bit more competitive then a higher quality of worker would be hired and retained as a result, which is beneficial for both the service provider and the family.	Feb 3, 2011 11:01 PM
348	As currently set.	Feb 3, 2011 11:14 PM
349	The agency should pay the respite provider directly.	Feb 3, 2011 11:25 PM
350	n/a	Feb 3, 2011 11:36 PM
351	As many forms of payment should be allowed as well as sliding scale, grants, donations, etc. for families in financial need.	Feb 3, 2011 11:41 PM
352	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 3, 2011 11:47 PM
353	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 12:08 AM
354	Every three months and respite agencies should give account like any other service in providing reports as to what supports consumer was provided during respite.	Feb 4, 2011 12:32 AM

5. Suggested service standards about the payment for these services:

	Response Text	
355	keep status quo	Feb 4, 2011 12:33 AM
356	Hold payment until all contract requirements are met including but not limited to case plans and progress reports.	Feb 4, 2011 12:51 AM
357	As done currently seems fair but at least minimum wage if not more.	Feb 4, 2011 12:58 AM
358	Paying for these services is often very cost effective overall, as placement is much more costly, and removes the individual from the natural supports available to them.	Feb 4, 2011 1:23 AM
359	GGRC needs to pay for community service	Feb 4, 2011 1:24 AM
360	the payment options for a respite care person should be to a degree that is able to live off of. These workers are providing a service that many could not/would not handle do to a disability. I believe the payment should be a minimum of 10.50/hour	Feb 4, 2011 1:41 AM
361	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 1:58 AM
362	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 2:09 AM
363	Standard rates already exist but an increase in the rate would allow the recruitment and hiring of individuals who are better qualified.	Feb 4, 2011 2:10 AM
364	insurance, or irc or ssi should cover the cost.	Feb 4, 2011 2:13 AM
365	For the most involved consumers, $10 or 11 an hour is not enough. I have a friend who has worked as a babysitter and nanny for children who are typically developing, and she rarely will work for that rate. So, to expect families to find capable people for these prices is not realistic. It only works when they are paying family or friends who are willing to work for a lesser fee.	Feb 4, 2011 2:47 AM
366	Payment should be based on number of hours worked.	Feb 4, 2011 2:50 AM
367	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 2:51 AM
368	Do not involve the parent they have a lot to sacrifice and already the have to penalize anther member of the family.	Feb 4, 2011 3:29 AM
369	Regional Centers or as budgeted in self-directive or self-determination program	Feb 4, 2011 4:03 AM
370	Should be provided on a sliding scale based on need.	Feb 4, 2011 4:12 AM
371	By check	Feb 4, 2011 4:13 AM
372	This should be provided on a sliding scale of the parent's income, because in my experience I have seen families with adequate means be able to get respite because they know how to "work with the system" whereas other families who really would benefit from some respite don't want to burden "the system" with asking for this.	Feb 4, 2011 4:29 AM

5. Suggested service standards about the payment for these services:

	Response Text	
373	You need to pay people a decent wage. Both the disabled person AND the people who are assisting them need to receive reasonable compensation. When you do that you can attract appropriate people. The long term service fee freezes by the State have gone too far!!!!! It is very difficult to find decent care workers when the pay is sooooo low. It is obvious that poor wages bring poor results and under qualified workers and therefore neglect and abuse of the disabled. This is NOT the right thing to do!	Feb 4, 2011 5:18 AM
374	Lanterman Act 4648 a , 5 and 4690. As required by law the Director of the Dept. of Developmental Services develops and maintains equitaabled processes for setting rates to assure that Regional Centers can secure HIGH QUALITIY service for person with developmental disabilities.	Feb 4, 2011 5:30 AM
375	Depends on the consumers needs.	Feb 4, 2011 5:39 AM
376	They need to be competitive rates to attract capable people. The rates need to be publicly published.	Feb 4, 2011 5:53 AM
377	Consumer/family should approve.	Feb 4, 2011 6:01 AM
378	Market rate dependent on level of client care required.	Feb 4, 2011 6:11 AM
379	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 6:53 AM
380	Each respite should pay min of $50.00 and the regional center will pay the rest.	Feb 4, 2011 7:29 AM
381	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 4, 2011 7:46 AM
382	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 3:21 PM
383	Insurance	Feb 4, 2011 4:53 PM
384	Same as previous section	Feb 4, 2011 4:56 PM
385	N/A	Feb 4, 2011 5:02 PM
386	The Director of the Department of Developmental Services is to develop and maintain an equitable process for setting rates to assure high quality services for individuals with developmental disabilities as describes by law in the Lanterman Act	Feb 4, 2011 5:15 PM
387	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:21 PM
388	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 5:47 PM
389	Should be paid enough to ensure quality people to care for our kids.	Feb 4, 2011 5:54 PM
390	Payment through the regional centers at standard rates.	Feb 4, 2011 5:58 PM

5. Suggested service standards about the payment for these services:

	Response Text	
391	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 6:15 PM
392	State and local government.	Feb 4, 2011 6:56 PM
393	The Lanterman Act in sections 4648 (a) (5) and 4690 requires the Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 7:13 PM
394	The same as previous #5.	Feb 4, 2011 7:22 PM
395	As is. Or, ask providers if they would take a pay cut to keep job in place.	Feb 4, 2011 7:45 PM
396	State and or federal government	Feb 4, 2011 7:46 PM
397	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 7:56 PM
398	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 8:16 PM
399	Insurances should pay for Respite as well.	Feb 4, 2011 8:25 PM
400	reasonable and standard	Feb 4, 2011 8:36 PM
401	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 8:43 PM
402	he Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 9:00 PM
403	Given the financial there should be an upper limit to the amount paid to the vendor for services. Develop a very clear, simple list of the sorts of things the Regional Center, CCS and MediCal fund, and clear easy instructions for how to ask/get Regional Center/MediCal/CCS to pay. As a parent, I have wasted weeks of my life in phone calls, emails, visits to social service agencies`to try to clarify what's covered by Regional Center, CCS, MediCal. The process of getting authorizations and denials is far too complicated as it now stands! It does work to keep needy parents from completing the application process and thus reducing your costs.	Feb 4, 2011 9:16 PM

5. Suggested service standards about the payment for these services:

	Response Text	
404	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 9:22 PM
405	I rely heavily on the state paying for our respite. Without it, it's very difficult for me to get time away. The time away helps refresh me and allow me to be a better parent.	Feb 4, 2011 9:28 PM
406	free	Feb 4, 2011 9:39 PM
407	Reimbursement to parent is a good idea, but the forms are misleading. Simplify it.	Feb 4, 2011 9:44 PM
408	The Lanterman Act in sections 4648 (a) (5) and 4690 requires the Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure the Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 9:56 PM
409	The regional center should pay the service providers directly without any cost to the families.	Feb 4, 2011 10:15 PM
410	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:15 PM
411	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:27 PM
412	Service payment must be linked to demand, if services are not available, increased payment should be considered to promote provider resources. If you pay them adequately, they will do this work.	Feb 4, 2011 10:37 PM
413	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:41 PM
414	Is covered by the Regional Center if found necessary in the IPP, according to the Lanterman Act.	Feb 4, 2011 10:43 PM
415	Equal pay for equal work, WITHOUT PARTIALITY.	Feb 4, 2011 10:44 PM
416	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 10:49 PM
417	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:20 PM
418	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 4, 2011 11:24 PM

5. Suggested service standards about the payment for these services:

	Response Text	
419	Going rateN	Feb 4, 2011 11:28 PM
420	Based on financial need. (We don't have financial need, so we pay for our own respite and that's OK.)	Feb 4, 2011 11:44 PM
421	When a minor is involved, minimal respite should be provided by RC. When an adult consumer is involved, RC should provide the services as part of keeping the consumer in the parent's home.	Feb 4, 2011 11:48 PM
422	Consistent hourly rate, all vendors.	Feb 4, 2011 11:53 PM
423	Mostly, the respite people make $8 to $10 an hour. How much of a cut does the service provider keep? If they screened respite people better, maintained the quality respite workers, and paid them more, turnaround would decrease. These people will want to remain in these positions.	Feb 5, 2011 12:28 AM
424	Lanterman Act 4648 and 4690 require the Director of DDS to develop and maintain an equitable process to set rates to assure high quality services.	Feb 5, 2011 12:35 AM
425	The Lanterman Act, in Sections 4648(a)(5) and 4690 requires the Director of the Department of Developmental Services (DDS) to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 12:47 AM
426	same, see the answers for the first programs in this survey	Feb 5, 2011 1:33 AM
427	Respite workers should be paid directly and should be paid through a vendored agency. Parents, relatives, guardians, conservators, should not serve in the capacity of contractor or employer.	Feb 5, 2011 2:12 AM
428	Harbr Regional Center	Feb 5, 2011 3:43 AM
429	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 4:01 AM
430	If overnight where sleeping is involved, less per hour; if during working daylight hours, higher depending on level of care provided	Feb 5, 2011 4:33 AM
431	This should be free for families.	Feb 5, 2011 6:01 AM
432	Whenever possible, the family should be responsible for payment or co-payment, except in the case of adoption of special needs children.	Feb 5, 2011 6:56 AM
433	This is the responsibility of the Director of the Department of Developmental Services.	Feb 5, 2011 6:57 AM
434	Current level is reasonable.	Feb 5, 2011 8:07 AM
435	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 2:50 PM
436	The state of California should pay for the Respite Care.	Feb 5, 2011 3:57 PM
437	Parents should pay for services like they would pay if they wanted to have a baby sitter watch their kids while they were on a date or playing bunco or whatever.	Feb 5, 2011 4:41 PM
438	I think parents should be required to share more of the cost of respite care b/c it is not a vital service compared with services going directly to the child!	Feb 5, 2011 5:07 PM

5. Suggested service standards about the payment for these services:

	Response Text	
439	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 5:31 PM
440	The state should be paying for these services.	Feb 5, 2011 6:32 PM
441	same as first set	Feb 5, 2011 6:41 PM
442	SDRC. Maybe the parent could purchase additional hours at a discounted rate for emergencies such as a death or illness in the family or a special event such as a wedding/graduation.	Feb 5, 2011 8:24 PM
443	I oppose POS standards. Please refer to the Lanterman Act section 4648 (a) (5) and section 4690.	Feb 5, 2011 9:06 PM
444	State	Feb 5, 2011 10:20 PM
445	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 5, 2011 10:59 PM
446	The Lanterman Act, Sections 4648 (a) (5) and 4690 requires the Director of DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers secure high quality services.	Feb 5, 2011 11:43 PM
447	you should not pay the home and for respite care for the same days, it should be one or the other	Feb 5, 2011 11:57 PM
448	through Regional Centers	Feb 6, 2011 12:38 AM
449	regional centers, co-pay with sliding fee scale	Feb 6, 2011 2:42 AM
450	Regardless of any suggested standards, if the consumer is on SSD, SSI and/or MediCal, services should be provided at no cost; for all other consumers services should be provided on a sliding scale such that all necessary services and supports are within the consumer's financial reach.	Feb 6, 2011 5:57 AM
451	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 6:07 AM
452	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 4:40 PM
453	TRI-Counties has helped families in need who otherwise could not afford it based on their earned income.	Feb 6, 2011 5:14 PM
454	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 6:51 PM
455	Agencies work every effectively for this service.	Feb 6, 2011 8:09 PM

5. Suggested service standards about the payment for these services:

	Response Text	
456	More to the caregiver, less to the agency. My daughter's agency at times got $29/hr and the nurse got $15. For another caregiver, the agency got $19 and the caregiver got $9. Why does the agency get more money for a higher paid person? The agency should get $3/hr per person and the rest should go to the caregiver. If you cut out the fat in this administrative process the consumers would get what the taxpayers are paying and not these vampire agencies.	Feb 6, 2011 9:02 PM
457	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 6, 2011 11:02 PM
458	Through regional center.	Feb 6, 2011 11:06 PM
459	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:16 AM
460	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:46 AM
461	a better wage would attract more qualified people	Feb 7, 2011 7:27 AM
462	$15.00 per hour for the client and two siblings	Feb 7, 2011 7:38 AM
463	Reimbursement by state, consumer paid by vendor	Feb 7, 2011 8:06 AM
464	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 2:48 PM
465	The DDS Director is to develop and maintain equitable processes for setting rates so Regional Centers can secure high quality services for developmentally disabled citizens, per The Lanterman Act. The director must comply with these laws.	Feb 7, 2011 3:37 PM
466	No changes	Feb 7, 2011 4:32 PM
467	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 5:47 PM
468	The Lanterman Act, in sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 6:23 PM
469	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 7:54 PM
470	Pay a fair wage so that the respite workers are not being underpaid. If needed, look at parent's ability to help pay some of the costs but not all and not cutting the entire service.	Feb 7, 2011 8:31 PM

5. Suggested service standards about the payment for these services:

	Response Text	
471	Payment should be significantly above minimal pay since the work is very demanding and requires training, quick thinking, and much problem solving, stamina, and patience. The payment needs to be high enough to attract people of intelligence who have these types of skills and can be trained in the various skills required to work with these client.	Feb 7, 2011 8:39 PM
472	Free for parents with children who are regional center consumers	Feb 7, 2011 9:32 PM
473	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 7, 2011 10:10 PM
474	wages need to be more reasonable. current PA rate makes it impossible to have consumers use PA staffing in leiu of SLS. PA rates should be comparable to IHSS rates in the various counties.	Feb 7, 2011 10:45 PM
475	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
476	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM
477	Sections 4648 (a)(5) and 4690 of the Lanterman Act state that the Director of the Department of Developmental Services must develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should make these decisions with that in mind.	Feb 7, 2011 11:24 PM
478	ability to pay	Feb 7, 2011 11:53 PM
479	Services should be free of charge.	Feb 8, 2011 1:05 AM
480	None.	Feb 8, 2011 1:09 AM
481	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 1:14 AM
482	Based on experience, should be commensurate with other professionals.	Feb 8, 2011 1:31 AM
483	Should be paid less than a 612/615 provider, since they are NOT a behavior agency.	Feb 8, 2011 2:00 AM
484	Day programs during major hollidays and respite should completely be covered by the state. As parents of special needs children, we have already experienced a living nightmare.	Feb 8, 2011 2:22 AM
485	By the state or federal government	Feb 8, 2011 2:23 AM
486	Parent training: service reimbursement should be based on the professional teaching the parent training. For example if it's a topic on behavior therapy then their reimbursement should be based on behavior therapy reimbursement. Or if it's parent training on language development by a speech language pathologist then reimbursement should be based on the clinicians usual and customary rate.	Feb 8, 2011 3:50 AM
487	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 4:19 AM
488	Small co-pays would be acceptable for some services, but respite services should be free of charge. If I had my way, families would be forced to use respite. It is that important!	Feb 8, 2011 4:39 AM
489	A few dollars above minimum wage since specialized knowledge is required.	Feb 8, 2011 4:42 AM

5. Suggested service standards about the payment for these services:

	Response Text	
490	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 8, 2011 5:37 AM
491	Reinstate and increase money for respite services.	Feb 8, 2011 5:38 AM
492	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 6:11 AM
493	going rate	Feb 8, 2011 6:17 AM
494	Budget should not be an issue.	Feb 8, 2011 7:10 AM
495	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 3:42 PM
496	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 4:28 PM
497	Do NOT pay the family. I thought the whole point is so they could get a break. It was not meant to assist them in paying their bills and then asking for yet more services because they report being stressed since the are not utilizing the respite to hire individuals and take a break.	Feb 8, 2011 4:49 PM
498	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 5:54 PM
499	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 6:05 PM
500	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 7:58 PM
501	Please do NOT lower the hourly wage for these workers. Lower wages attracts unqualified and unmotivated workers and enourages abuse of funds.	Feb 8, 2011 7:59 PM
502	Parents should pay as much as they can and Regional Centers pay the rest.	Feb 8, 2011 9:01 PM
503	Based on provider's policies.	Feb 8, 2011 9:02 PM
504	Payment should be limited to actual performance of duty by the individual providing the service and not for any activities, ie movies, bowling, etc., outside the ability of the consumer to pay.	Feb 8, 2011 9:12 PM
505	Regional Center & DDD	Feb 8, 2011 9:31 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
506	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 9:39 PM
507	If insurance will help, bill the insurance, otherwise a set amount of time should be allowed.	Feb 8, 2011 9:53 PM
508	as is now except for continual budget cuts	Feb 8, 2011 10:10 PM
509	don't know	Feb 8, 2011 10:47 PM
510	SMA rate	Feb 8, 2011 11:20 PM
511	Regional Center should fund on the existing sliding scale based on family income. It is appropriate as it is.	Feb 8, 2011 11:34 PM
512	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 8, 2011 11:57 PM
513	The state should pay.	Feb 9, 2011 12:18 AM
514	n/a	Feb 9, 2011 12:52 AM
515	Answer: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:29 AM
516	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 1:30 AM
517	there should be no cost for consumers or care givers.	Feb 9, 2011 1:39 AM
518	same	Feb 9, 2011 2:28 AM
519	None	Feb 9, 2011 3:26 AM
520	Sliding ray scale.	Feb 9, 2011 3:45 AM
521	Taxpayers and the state.	Feb 9, 2011 5:31 AM
522	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 5:43 AM
523	Pay scale wage of all agency the same.	Feb 9, 2011 6:15 AM
524	Payment to the Respite worker????? Every other week, or once a month.	Feb 9, 2011 7:22 AM
525	Parents pay, but RC helps family find appropriate agency	Feb 9, 2011 8:55 AM
526	$15-25/hour depending on education level	Feb 9, 2011 4:00 PM
527	I'm happy with the current re-imbursement schedule today.	Feb 9, 2011 4:03 PM

5. Suggested service standards about the payment for these services:

	Response Text	
528	A new vendor with Kern RC is Celebracion de familias, which in the past has put on a once a year Spanish Speaking conference. Recently, they have been added a s a vendor, which assists with filling out SSI paperwork. This vendor gets paid a flat rate of $10,000 per month, plus additional monies for each application completed. It also employs one of the Kern RC doctor's wives. A family can make an appointment at Social Security, and bring in the paperwork for assistance in filling it out for free. If there is a free service available, then using $10,000 per month plus additional costs is a misuse of funds. Standards about generic resources need to be enforced.	Feb 9, 2011 4:44 PM
529	See above (A).	Feb 9, 2011 5:38 PM
530	Kern RC has been vendored w/ Celebracion de familias, which has provided 1x a year conferences to spanish speaking families. Recently, they were added to payroll and receive $10,000 per month to assist families w/ SSI paperwork. For each application, they receive additional money. Because families can schedule appointments at the Social Security office, and get this help for free, it is a misuse of funds. One of the KRC doctor's wife is employed there, which is nepotism.	Feb 9, 2011 5:54 PM
531	Verification of time	Feb 9, 2011 6:38 PM
532	generic reources to first be looked at ie family's ability to pay, other family available to help, IHSS, community agencies available.	Feb 9, 2011 7:09 PM
533	Minimum amount paid for by Regional Center, from there based on financial need.	Feb 9, 2011 7:24 PM
534	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 7:59 PM
535	These services should be paid at an IHSS rate, since it is basically babysitting and the parents are getting a break.	Feb 9, 2011 8:22 PM
536	Allow reporting of wages to the IRS via 1099 instead of the onerous requirements of w-2 and federal ID procurement.	Feb 9, 2011 9:06 PM
537	The State of California has accepted responsibilities for persons with developmental disabilities and an obligation to them that must be discharged (Laterman Act Sec. 4501).	Feb 9, 2011 9:18 PM
538	Again, clients/family should contribute when possible, the rest should be funded by the RC, State and Feds.	Feb 9, 2011 9:35 PM
539	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 9:50 PM
540	The Lanterman Act, in Section 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:09 PM
541	Cut ALL service provider rates by 10% - this is equivalent to the Governor's proposed cut to Medi-cal rates.	Feb 9, 2011 10:17 PM
542	payment from the regional center	Feb 9, 2011 10:18 PM
543	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:44 PM

5. Suggested service standards about the payment for these services:

	Response Text	
544	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 9, 2011 10:54 PM
545	Perhaps on a sliding scale based on income.	Feb 9, 2011 11:35 PM
546	tax payer dollars are o.k. sliding scale for those who can afford it.	Feb 9, 2011 11:40 PM
547	Payment thru the Regional Center for services	Feb 9, 2011 11:48 PM
548	Pay what they actually cost; provide for cost of living adjustments and benefits even a fraction of what State employees get	Feb 10, 2011 12:04 AM
549	Remove the parent voucher option from respite. Require Employer of record or agency respite.	Feb 10, 2011 12:08 AM
550	Sliding scale based on the family income.	Feb 10, 2011 12:38 AM
551	$195.00 per day : includes board and lodging, 3 meals a day and in between snacks.	Feb 10, 2011 12:53 AM
552	Must be at a rate that can allow families to find willing providers. Many times, the respite work is more difficult than regular babysitting.	Feb 10, 2011 1:04 AM
553	health insurance carriers for occupational thereapy through TCRC	Feb 10, 2011 3:35 AM
554	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 8:10 PM
555	check, money order	Feb 10, 2011 8:42 PM
556	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 9:34 PM
557	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 10:04 PM
558	Payment should come from private organizations, County children's services. It should be included in the package at the time of making up the yearly budget.	Feb 10, 2011 10:33 PM
559	State Funded	Feb 10, 2011 11:36 PM
560	state funded.	Feb 10, 2011 11:49 PM
561	Co-pays are already implemented to some families.	Feb 11, 2011 12:18 AM
562	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 12:28 AM
563	Tax dollars are available. If the caregiver has respite care they may even be able to work or volunteer and give back to the community when they otherwise may not be able to hold a job or assist in public service because of the commitment of caring for their loved one.	Feb 11, 2011 12:44 AM

5. Suggested service standards about the payment for these services:

	Response Text	
564	Higher parent co-payment, Consumer not qualifying for respite if parents make a certain amount of income, Consumer's who are on Medicaid Waiver should not be exempt from the Family Cost Participation Program.	Feb 11, 2011 1:26 AM
565	Regional Center and a possible share of cost for families who can afford it with extra benefits	Feb 11, 2011 1:30 AM
566	covered by the Regional Center	Feb 11, 2011 3:08 AM
567	The Lanterman Act Sections 4648(a)(5) and 4690 requires that the Director of the Department of Developmental Services develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for individuals with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 3:25 AM
568	How about cutting all the frivolous government spending for all the government employees. Also, stop fulfilling all the lobbyist in our ridiculous economically strapped state, rather then taking money and benefits away from the people who really need it and have a difficult or impossible ability to care for themselves	Feb 11, 2011 3:44 AM
569	There should be a consistent hourly rate paid for services.	Feb 11, 2011 4:51 AM
570	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:12 AM
571	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:23 AM
572	not familiar with this.	Feb 11, 2011 5:32 AM
573	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 5:46 AM
574	co-pay per 6 or 8 hour shift.	Feb 11, 2011 6:14 AM
575	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:19 AM
576	Real need needs to be shown and progress needs to be shown for continuation.	Feb 11, 2011 6:31 AM
577	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:36 AM
578	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 6:48 AM
579	Demonstrated usage of allotted hours is required.	Feb 11, 2011 7:56 AM
580	State funds.	Feb 11, 2011 8:30 AM

5. Suggested service standards about the payment for these services:

	Response Text	
581	I believe the state should fund these services to the families with all children with special needs. It depends on the family income on how many hours of respite they receive or if some of the payment should be made by the families.	Feb 11, 2011 1:09 PM
582	This should be provided by the State	Feb 11, 2011 5:07 PM
583	This should not be handled by parents. I think it was a good idea to move away from parent-vendored services (altogether, not just for respite & day care).	Feb 11, 2011 6:00 PM
584	maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities.	Feb 11, 2011 6:13 PM
585	No comment	Feb 11, 2011 6:33 PM
586	Only the people that have provided evidence that they are not able to afford and need the service, should be able to receive respite, or the family should bare, even if minimal some financial responsibility for the service.	Feb 11, 2011 6:36 PM
587	I feel it should be at least $14 per hour, this is a big responsibility.	Feb 11, 2011 6:59 PM
588	No or extremely low fee for service for families, they are already experienceing so many hardships	Feb 11, 2011 7:00 PM
589	Should be paid for by the Regional center. If the public schools had high expectations rather than a compliance model, you would not need as many advocates. The attitude is pathetic normally.	Feb 11, 2011 7:34 PM
590	No one should receive special rates.	Feb 11, 2011 8:01 PM
591	have a rate depending on income.	Feb 11, 2011 8:05 PM
592	Pay them twice a week and pay them more the services for this may be their livelihood.	Feb 11, 2011 8:11 PM
593	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
594	I find it wasteful to pay an agency to process paperwork to pay for the respite worker. State dollars would go a lot further to pay the family directly. Especially when the family finds the employee. Our "provider", Cambrian, doesn't even mail time cards to the employee. My respite worker has to drive out of town just to pick up time cards. And then they only hand out a few at a time. Why should Cambrian make any money for pushing paper? Spend the dollars on the client.	Feb 11, 2011 8:58 PM
595	Regional center should be responsible.	Feb 11, 2011 9:30 PM
596	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 9:48 PM
597	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 9:49 PM

5. Suggested service standards about the payment for these services:

	Response Text	
598	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 9:49 PM
599	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 9:54 PM
600	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 9:54 PM
601	Tfhey seem to be a bit high price.	Feb 11, 2011 9:54 PM
602	$15 per hour at least	Feb 11, 2011 9:56 PM
603	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 9:56 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
604	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 9:58 PM
605	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:05 PM
606	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:15 PM
607	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:19 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
608	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:21 PM
609	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:23 PM
610	Flat rate based upon number of days in program. Program would only run M-F from after school to 6:00.	Feb 11, 2011 10:32 PM
611	Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities Audits should be conducted on a routine basis	Feb 11, 2011 10:37 PM
612	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:39 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
613	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 10:44 PM
614	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 11, 2011 10:45 PM
615	As it is now	Feb 11, 2011 10:55 PM
616	Regional should pay.	Feb 11, 2011 10:58 PM
617	those who want to use this service should pay for it.	Feb 11, 2011 11:01 PM
618	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 11:01 PM
619	respite should be free of charge.	Feb 11, 2011 11:11 PM
620	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 11, 2011 11:35 PM

5. Suggested service standards about the payment for these services:

	Response Text	
621	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 12, 2011 12:03 AM
622	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 12, 2011 12:19 AM
623	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 1:20 AM
624	check monthly	Feb 12, 2011 1:47 AM
625	Parents of children who receive respite could be charged for the cost of usual child care and then the regional centers would pay the difference for them to get a trained and qualified worker who has been pre-screened	Feb 12, 2011 2:46 AM
626	The Lanterman Act in Sections 4648 (a) (5) and 4690 requires the Director of the department of Developmental Services to develop and maintain equitable processes for setting rates to assure that the Regional Centers can secure high quality servivces for persons with developmental disabilities. The Director should comply with these laws. Not just any babysitter can manage these kids.	Feb 12, 2011 2:50 AM
627	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 3:41 AM
628	State aid. Partial payment by parents or guardians based on financial need if needed (no more than 50%).	Feb 12, 2011 4:05 AM
629	$13.00 per hour and up	Feb 12, 2011 4:14 AM
630	Current payment system is fine.....parents pay caregiver and GGRC reimburse parents later.	Feb 12, 2011 5:08 AM
631	regional center	Feb 12, 2011 6:00 AM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
632	$10-$15 per hour.	Feb 12, 2011 6:22 AM
633	See previous answers.	Feb 12, 2011 6:30 AM
634	Current hourly rate of 10.25 does not provide for most people to do the work unless you find a family member to do it.	Feb 12, 2011 6:30 AM
635	Regional Centers should make sure that they are assessing all families fairly -- that their caseworkers are applying the same standard across the board.	Feb 12, 2011 6:50 AM
636	Regional Centers.	Feb 12, 2011 6:55 AM
637	They should be paid more than minimum to attract people of quality. They need to be mature.	Feb 12, 2011 8:08 AM
638	based on income	Feb 12, 2011 1:57 PM
639	Minimum wage or lowest negotiated price	Feb 12, 2011 3:30 PM
640	According to client's needs, decide given hours. Now that it is the CUT "season", I reserve the comment.	Feb 12, 2011 4:07 PM
641	If you would let the parents find and pay for friends and relatives it may reduce the cost per hour, etc.	Feb 12, 2011 4:32 PM
642	Payments are anywhere from $10 to $12 per hour.	Feb 12, 2011 4:51 PM
643	submission of formsi	Feb 12, 2011 5:10 PM
644	reimburesement by regional centers.	Feb 12, 2011 5:25 PM
645	They can be paid less than persons providing behavioral services. Payment can be a little more than a regular babysitter.	Feb 12, 2011 5:55 PM
646	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 6:13 PM
647	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 6:25 PM
648	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 12, 2011 7:16 PM
649	RC (the family would pay someone themselves if the could).	Feb 12, 2011 7:22 PM
650	Since it is much more expensive for a consumer to live in a group home, those famillies who keep their chidlren at home should get sufficient respite, which is much less expensive than a group home, so that they do not burn out and the consumer ends up in a home anyway. Regional Center should pay for adequate respite to insure the caregivers are able to keep the consumer at home. Perhaps a factor can be devised depending on the leval of assistance the consmer needs. For example, if the consumer needs 24-7 supervision, the acregovers would get the aximuim hours of respite and if teh consumer needs less, it goes down. Fro example, 3 hours of respite for each 24 hours the consumer needs care.	Feb 12, 2011 7:26 PM
651	Agreed upon hourly wage	Feb 12, 2011 7:37 PM

5. Suggested service standards about the payment for these services:

	Response Text	
652	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws	Feb 12, 2011 8:32 PM
653	co-pay	Feb 12, 2011 8:33 PM
654	reimbursed to family members, process should be simple and timely	Feb 12, 2011 9:06 PM
655	Most times, families cannot afford such respite. If at all possible, this should be considered a part of the caregiving package along with services for the disabled.	Feb 12, 2011 9:30 PM
656	Very good question! The minimum salary in San Francisco is $9.79 per hour. After two cuts since January, 2011 respite provider get $10.25 per hour. This is the same like minimum salary in our city! I wish to see somebody from DDS, who will working with develomentaly disable young adult with behavioral problems for minimum salary. I strongly recommend increase this salary at least to $15.00 per hour	Feb 12, 2011 10:02 PM
657	Monthly, through regional center monies; possibly provide internship opportunities to college students majoring in psychology or education.	Feb 12, 2011 10:21 PM
658	Respite providers should receive compensation equivalent to day facilities workers. Therapeutic respite should be calculate on the residential facility scale. Facilities that qualify as a level 4H-I should be considered appropriate for therapeutic respite.	Feb 12, 2011 10:22 PM
659	reimbursement	Feb 13, 2011 12:25 AM
660	whoever wants to do it for free	Feb 13, 2011 12:40 AM
661	I go through UCP so they handle all of that.	Feb 13, 2011 3:39 AM
662	: The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 3:48 AM
663	I think to receive respite it needs to be used for babysitting only and only given to those who can not afford to pay a babysitter on their own.	Feb 13, 2011 4:05 AM
664	hourly	Feb 13, 2011 4:34 AM
665	Depends on the capability or financial situation if family needs it or not	Feb 13, 2011 5:40 AM
666	Goverment neede to take care of there people like the people take care the goverment.	Feb 13, 2011 6:10 AM
667	some time should be payed by tri counties as it is now	Feb 13, 2011 7:03 AM
668	As previously stated.	Feb 13, 2011 8:18 AM
669	Parental share of cost is appropriate after a certain amount of hours are utilized.	Feb 13, 2011 8:27 AM
670	At least 50% coverage should be provided for all eligible consumers. Co-payment of the services will be determined by a household income dependent scale.	Feb 13, 2011 10:36 AM
671	Regional Center and State	Feb 13, 2011 3:57 PM
672	The current system is fairly straightforward. Submit the time slip, properly filled out, and a check will follow. Keep it simple and reliable.	Feb 13, 2011 6:02 PM
673	direct deposit	Feb 13, 2011 6:19 PM
674	None	Feb 13, 2011 6:32 PM
675	Should be share of cost	Feb 13, 2011 6:42 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
676	no comments	Feb 13, 2011 7:15 PM
677	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 13, 2011 7:18 PM
678	Depends on income level.	Feb 13, 2011 7:46 PM
679	An option to select income tax break or payment to the consumer.	Feb 13, 2011 8:30 PM
680	Regional center for the minimum, family and regional center for next level.	Feb 13, 2011 8:42 PM
681	Increase reimbursement rate to get good providers.	Feb 13, 2011 9:17 PM
682	State funding with Federal fund match.	Feb 13, 2011 9:26 PM
683	regional center	Feb 13, 2011 10:13 PM
684	going rate	Feb 13, 2011 10:22 PM
685	co-payment for people who make $90,000.00 or more	Feb 14, 2011 12:09 AM
686	Sliding scale for ability of relative to pay. Quality care is very unlikely at present $10.25/hr!	Feb 14, 2011 12:19 AM
687	Rate of payment should be tied directly to the actual cost of living for the community in which the services are delivered.	Feb 14, 2011 1:23 AM
688	Our Regional Center currently has a flawed system in place and has disqulaifed many clients as a result. If they is a need and the client qualifies then the Regional Center should be providing payment for these services. Mismanagement of funds should not be accepted and many parents here are tired of hearing that they don't have the funds when Regional Centers an hour away are providing these services to all clients.	Feb 14, 2011 1:58 AM
689	Payment after proof of service.	Feb 14, 2011 1:58 AM
690	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develp and main equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 2:01 AM
691	Exhaust natural resources first, family co-pay, insurance yes, medi-cal etc.	Feb 14, 2011 2:48 AM
692	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 3:28 AM
693	Enough to assure quality services - in the case of Respite, the pay rate should go UP not down.	Feb 14, 2011 3:47 AM
694	Payment should be monthly.	Feb 14, 2011 4:48 AM
695	28 hours a month. We receive a check once a month.	Feb 14, 2011 9:08 AM
696	Dependent on the level of qualifications needs to care for person with disability.	Feb 14, 2011 4:14 PM

5. Suggested service standards about the payment for these services:

	Response Text	
697	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 4:18 PM
698	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 4:35 PM
699	Direct pay to employee	Feb 14, 2011 4:48 PM
700	RC or DDS would be consulant, co-pay is appropriate for some, based on income and assets.	Feb 14, 2011 5:00 PM
701	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 5:09 PM
702	same rate for all	Feb 14, 2011 5:24 PM
703	Payment for Respite services are so low. Organizations can bearly stay afloat, and the rates they are able to give to their employees to provide the respite care is so low. If the reimbursement rate were to be increased people would be able to more valued for the difficult in home work that they do, as well as a higher standard of employee experience can be justified.	Feb 14, 2011 5:26 PM
704	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:36 PM

5. Suggested service standards about the payment for these services:

	Response Text	
705	No change, except that FCPP should be follow up to the line. We have many "well off" families that had been granted "waivers" and "exceptions" beyond the guidelines. Today we have face a turning point, and we all can pitch in a little bit.	Feb 14, 2011 5:54 PM
706	Follow IPP to meet the individual needs of consumers	Feb 14, 2011 6:11 PM
707	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:15 PM
708	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:16 PM
709	$10 a week	Feb 14, 2011 6:16 PM
710	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:21 PM
711	There already is a co-payment and family share of cost in place. I hope they will not put even greater burdens on families already in need because the ship is going to sink. Again, residential placement is SO expensive in comparison with respite that I think we need to do what we can to try and encourage children to be able to remain in their own homes and hopefully help those families to be as well-functioning as possible.	Feb 14, 2011 6:25 PM

Respite and Other Family Supports

5. Suggested service standards about the payment for these services:

	Response Text	
712	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 6:31 PM
713	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 6:32 PM
714	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:32 PM
715	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:34 PM
716	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 6:38 PM
717	28-hours a month. We receive a check once a month.	Feb 14, 2011 6:44 PM

5. Suggested service standards about the payment for these services:

	Response Text	
718	Families are encouraged to use available natural supports when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Respite care should be provided as intermittent temporary care to consumers with developmental disabilities in order to relieve families of the constant responsibility of caring for the consumer.	Feb 14, 2011 6:59 PM
719	Parents should be paying for their own babysitter not RC. Parents should be required to pay for this service, not RC.	Feb 14, 2011 6:59 PM
720	fees paid by state	Feb 14, 2011 7:03 PM
721	28 hours a month. we receive a check once a month.	Feb 14, 2011 7:07 PM
722	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant	Feb 14, 2011 7:11 PM
723	Set limits on salaries of administrators of respite and family support programs.	Feb 14, 2011 7:26 PM
724	These services will be paid for through DDS and accordance to the Lanterman Act.	Feb 14, 2011 7:29 PM
725	family members should not be paid to provide this service - immediate or extended. The amount of respite is small enough, that it should not require a family member to take time off work etc . . . as seen in IHSS programs.	Feb 14, 2011 7:30 PM
726	the Lanterman Act sections 4648a5 and 4690 require the director of the dept. of devolpmental services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high qualit services for persons with deveopmental disabilities. the director must comply with these laws.	Feb 14, 2011 7:32 PM
727	The Lanternman Act 4648(a)(5) and 4690 requires the Director of the Dept of Developmental Servies to develop and maintain equitable processes for setting rates to assure Regional Centers can secure high quality services for persons with developmental disabilities. The director should comply with these laws	Feb 14, 2011 7:37 PM
728	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 7:51 PM

5. Suggested service standards about the payment for these services:

	Response Text	
729	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 9:03 PM
730	Minimum hourly rate.	Feb 14, 2011 9:05 PM
731	If you can make a donation - great. If you can run it through insurance/granted - great. Don't deny my son service that is greatly needed because I "make too much" even though I am broke, and in debt, while someone else that doesn't work it all may be fully covered.	Feb 14, 2011 9:13 PM
732	There should be a standard number of hours assigned and if a situation is severe then the family should receive more hours. For example, does the consumer require 24 hour nursing care. If so, then more hours should be assigned.	Feb 14, 2011 9:33 PM
733	Continue to use agencies who are vendored to provide the service	Feb 14, 2011 9:42 PM
734	Director of DDS	Feb 14, 2011 10:02 PM
735	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM
736	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 10:25 PM
737	There should be a co-pay like in the case for daycare. It is unfair to punish those who can afford a co-pay but for families with Medi-Cal they are then exempt. Adoptive parents who receive AAP payments through DCFS should have to utilize some of those AAP funds to pay for a respite break. Families who are receiving respite services through various agencies i.e IHSS, EPSDT should receive the minimum number of respite hours funded by the Regional Center.	Feb 14, 2011 10:31 PM
738	to pay the family have them pay the provider or agency to reduce paper work	Feb 14, 2011 10:55 PM
739	need to be more tight about the hours they claim---it is so easy for care provider to claim extra hours	Feb 14, 2011 11:03 PM
740	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 14, 2011 11:12 PM
741	Sliding scale for families, clients, & Regional Center. Even if the client has to save quarters they could save 40.00 per year for camp if they are in a work activity program.	Feb 14, 2011 11:38 PM
742	Billing based on hours of service used. Contract hours should carry over week to week.	Feb 14, 2011 11:51 PM

5. Suggested service standards about the payment for these services:

	Response Text	
743	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 14, 2011 11:56 PM
744	0% families should have to pay.	Feb 15, 2011 12:04 AM
745	Free for parents with children who are regional center consumers	Feb 15, 2011 12:04 AM
746	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 12:21 AM
747	Increase the rate.	Feb 15, 2011 12:49 AM
748	Standardized rates.	Feb 15, 2011 1:07 AM
749	28 hours a month. we receive a check once a month.	Feb 15, 2011 1:07 AM
750	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 15, 2011 1:16 AM
751	use co-pays pro-rated based on client's income level.	Feb 15, 2011 1:41 AM
752	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with develpmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:43 AM
753	28 hours a month. we receive a check once a month.	Feb 15, 2011 1:43 AM
754	Current rates are already low.	Feb 15, 2011 1:45 AM
755	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:49 AM

5. Suggested service standards about the payment for these services:

	Response Text	
756	Regional center	Feb 15, 2011 1:56 AM
757	these should be paid by the stae as per lanterman act	Feb 15, 2011 1:57 AM
758	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 1:57 AM
759	Regional	Feb 15, 2011 1:59 AM
760	co-pay	Feb 15, 2011 1:59 AM
761	The government should pay for these services to support the families of the consumers.	Feb 15, 2011 2:06 AM
762	Goverment	Feb 15, 2011 2:06 AM
763	regional center to decide/defray cost and should follow up with family	Feb 15, 2011 2:08 AM
764	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 2:39 AM
765	Comparable for the level of care required.	Feb 15, 2011 2:49 AM
766	for a trained professional $15- 30 an hour for services	Feb 15, 2011 2:53 AM
767	STATE FUNDS	Feb 15, 2011 2:55 AM
768	Remuneration reflective of similar services received in the "typical" community. Costs consumer and/or parent(s) would expend in the absence of vendored services.	Feb 15, 2011 3:15 AM
769	$12 per hour for respite workers	Feb 15, 2011 3:17 AM
770	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 3:23 AM
771	based on hours/week; need of the family and consumer; with consideration to emotional respite as families typically have 24/7 care for the consumer	Feb 15, 2011 3:33 AM
772	See the Lanterman Act!!	Feb 15, 2011 4:10 AM
773	We understand that budget cuts are necessary and inevitable. We also understand that our services may also be cut. However, these services are essential. This provides an essential “release” for caretakers of those with disabilities. Studies are now showing the wear and tear that caring for a disabled person can take on a caretaker.	Feb 15, 2011 4:18 AM
774	The respite workers need more money. They serve a group of people who are very needy in the required services.	Feb 15, 2011 4:40 AM
775	monthly	Feb 15, 2011 5:14 AM
776	PAY RESPITE AGENCY DIRECTLY. OR VENDOR PARENTS TO REIMBURSE THEM FOR SERVICES.	Feb 15, 2011 5:17 AM
777	Make these services State, County, or government agencies instead of contracted providers. Or, just send a check to the family and tell them to find some respite with this money, and fire all the State, County, Regional Center personnel involved in respite care.	Feb 15, 2011 5:32 AM
778	see comments on Behavior services	Feb 15, 2011 5:42 AM

5. Suggested service standards about the payment for these services:

	Response Text	
779	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:10 AM
780	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:35 AM
781	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:41 AM
782	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
783	We have used Parent as Vendor as well as Vendors who provide services. Those have both been effective.	Feb 15, 2011 12:49 PM
784	They should pay respic workers up front.	Feb 15, 2011 2:44 PM
785	STate and government	Feb 15, 2011 3:18 PM
786	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 4:09 PM
787	pay should range according the necessities of the person	Feb 15, 2011 4:21 PM
788	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 4:28 PM
789	$15 and up	Feb 15, 2011 5:13 PM
790	no	Feb 15, 2011 5:37 PM
791	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:07 PM
792	Limit co-payment on a pay-as-need or voluntary basis.	Feb 15, 2011 6:18 PM
793	State	Feb 15, 2011 6:31 PM
794	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 6:32 PM
795	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director The Lanterman Act requires the Director of the Department of Developmental Services to should comply with these laws.	Feb 15, 2011 6:40 PM

5. Suggested service standards about the payment for these services:

	Response Text	
796	DON'T CHANGE ANYTHING!!! This area has been hit TOO HARD over the past few years and families need their respite!!!	Feb 15, 2011 6:44 PM
797	Parents shouldn't have to pay for this.	Feb 15, 2011 7:01 PM
798	Regional center pays them directly	Feb 15, 2011 7:01 PM
799	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 15, 2011 7:01 PM
800	respite rate according to minimum wage of the state.	Feb 15, 2011 7:02 PM
801	Families are encouraged to use available natural supports such as extended family, neighbors and friends when available and provide the same level of support for their children with developmental disabilities as they do for their children without disabilities. Only after generic resources have been exhausted or determined to be unavailable should regional center fund respite care. Prior to the renewal of all respite Purchase of Service authorizations, the service coordinator will contact the family to assess the current level of need, and the parents' satisfaction with the services provided. Purchase of Service authorizations and renewals for LVN/RN care require the signature of a nurse consultant.	Feb 15, 2011 7:03 PM
802	insurance companies, state	Feb 15, 2011 7:04 PM
803	Quick reimbursement is key.	Feb 15, 2011 7:24 PM
804	They get paid enough, see above	Feb 15, 2011 7:40 PM
805	The Regional Centers are to provide and fund these services, according to the Lanterman Act, and they are also to pay for the evaluations/assessments.	Feb 15, 2011 8:22 PM
806	Establish DDS regs in T17 for agency to provide personal assistants similar to respite agency Establish DDS regs in T17 for agency to provide enhanced respite services for individuals with additional behavioral support needs.	Feb 15, 2011 8:36 PM
807	families need better reinbursement than $10/hour which does not cover anywhere close to the out oif pocket costs	Feb 15, 2011 8:43 PM
808	Government providing place, names, agency for respite care in every cities so the parents can evaluate and find out which facility is best for their kids situation.	Feb 15, 2011 8:46 PM
809	The Lanterman Act, requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 9:01 PM
810	state should pay for the help	Feb 15, 2011 9:15 PM

5. Suggested service standards about the payment for these services:

	Response Text	
811	If self-vendored, follow up at IPP meetings to be sure parents are doing their paperwork	Feb 15, 2011 9:15 PM
812	Co payment to families	Feb 15, 2011 9:20 PM
813	As needed on an individual basis	Feb 15, 2011 9:29 PM
814	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 9:40 PM
815	These services should be funded through the regional centers.	Feb 15, 2011 9:41 PM
816	RCOC POS and other State funding.	Feb 15, 2011 9:46 PM
817	The regional centers should continue to pay for all necessary services, as determined by the IPP team.	Feb 15, 2011 9:49 PM
818	Respite workers should be adequately compensated for their hard work in dealing with special needs children.	Feb 15, 2011 9:51 PM
819	If monetary contribution cannot be met due to family income. A fundraiser once a year at school or other ???	Feb 15, 2011 10:17 PM
820	The Lanterman Act requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 10:33 PM
821	The above services were provided by volunteers. Donations could be made to the churches involved or to the programs and convalescent centers (who sometimes hire performers, other times dress up like Santa themselves!).	Feb 15, 2011 10:35 PM
822	Families would need to demonstrate that the care needs of thier child are above and beyond that of a typically developing child (either behavioral, self help, etc.).	Feb 15, 2011 10:59 PM
823	10 hours biweekly, $12 per hour	Feb 15, 2011 11:02 PM
824	Sliding scale but modest co-payment above low income cut-off. Sufficient provider reimbursement to cover costs	Feb 15, 2011 11:09 PM
825	Payment levels should attract quality workers and prevent high turnover.	Feb 15, 2011 11:14 PM
826	Payment should not be funneled thru parents (i.e. parent as vendor). Too much fraud occurs this way and RCs are too short staffed to audit vendors suspected of fraud. There should be a parental co-payment for respite services (similar to that of day care) where parents would be responsible for the first set amount per hour (based on the average cost of babysitting for a typical child of similar age/level).	Feb 15, 2011 11:27 PM
827	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 11:37 PM
828	The Lanterman Act requires the Director of DDS to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 15, 2011 11:42 PM
829	authorization in advance, time record submitted for payment to vendor on a monthly basis	Feb 15, 2011 11:53 PM
830	Payments from Federal or state sources.	Feb 15, 2011 11:54 PM
831	I believe it should be free for low income families and very low cost for others.	Feb 16, 2011 12:05 AM
832	The Regional Center or Government. The family has already paid.	Feb 16, 2011 12:19 AM

5. Suggested service standards about the payment for these services:

	Response Text	
833	Reimbursement rates for personal assistance (1:1) Will vary based on the level of support from Service Providers. Min of $26.50 for 1:1 services.	Feb 16, 2011 12:30 AM
834	The service standards should be maintained by the standards already in place by Title 17. These services should be provided according to the professionals who work directly with the children (i.e., treating therapists) and be determined by the IFSP team.	Feb 16, 2011 12:32 AM
835	The cost savings of extending training to include more family in being case managers but should also be Conservators accountable to the Court --- would more than pay for itself in a fairly short time.	Feb 16, 2011 1:22 AM
836	Rates must be competitive in order to assure qualified people are hired, otherwise, the consumer will be at great risk.	Feb 16, 2011 1:26 AM
837	?	Feb 16, 2011 1:53 AM
838	There should be an option of reporting pay online. Payment should remain the same/or raised not reduced. These providers give families the needed time to rejuvenate themselevs in order to cope with the daily needs of their consumer.	Feb 16, 2011 1:54 AM
839	RAISE TAXES	Feb 16, 2011 2:21 AM
840	BIWEEKLY OR A LITTLE LESS DIRECT TO INDEPENDANT CONTRACTOR VS AGENCYS	Feb 16, 2011 2:21 AM
841	State / Government AND insurance companies...	Feb 16, 2011 2:31 AM
842	Implementation of the Individualized Budget - while this will in fact represent a reduction in actual dollars spent - it will give you CHOICE	Feb 16, 2011 2:45 AM
843	number of hours approved by the regional center should be paid by the regional center	Feb 16, 2011 2:52 AM
844	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 3:06 AM
845	N/A	Feb 16, 2011 3:09 AM
846	Family submit the documents such as time sheet, person's ss# and location.	Feb 16, 2011 4:01 AM
847	The Lanterman Act, in Sections 4648 (a) (5) and 4690 require the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that regional centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 4:48 AM
848	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 5:07 AM
849	same ?	Feb 16, 2011 5:22 AM
850	State Funded	Feb 16, 2011 5:32 AM
851	Bi-weekly instead of monthly. Should provide for on-line authentication of time sheets.	Feb 16, 2011 5:48 AM
852	The Lanterman Act, in Section 4648 (a)(5) and 4690 requires Director of Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 5:53 AM

5. Suggested service standards about the payment for these services:

	Response Text	
853	I agree with the current system of "parent cost participation." There should be a set rate for respite workers, with a higher rate for those working with medically fragile children.	Feb 16, 2011 6:15 AM
854	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 16, 2011 6:18 AM
855	Respite services should be reimbursed at or near market rate for caregivers, and should be adjusted for regional disparities.	Feb 16, 2011 7:06 AM
856	If families can provide/federal or state dollars	Feb 16, 2011 7:20 AM
857	Taxation of wealthy and corporations.	Feb 16, 2011 7:48 AM
858	They should continue as they are. It works.	Feb 16, 2011 7:55 AM
859	flat rate no mileage	Feb 16, 2011 7:59 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
1	Parents earning more than 250,000 per year pay co-payments.	Jan 28, 2011 12:50 AM
2	This should be a must for all caregivers and parents. The state should help fund this or the federal govt.	Jan 28, 2011 12:59 AM
3	Families to use generic/community resources first; RC payer of last resort	Jan 28, 2011 1:04 AM
4	see section above	Jan 28, 2011 1:20 AM
5	goals and objectives	Jan 28, 2011 1:21 AM
6	INDIVIDUAL CHOICE BUDGET.	Jan 28, 2011 1:34 AM
7	These services provided for under a self-directed plan would include in the Level of Care evaluation a measure of how parent cost participation based on current use of a parent cost participation plan.	Jan 28, 2011 1:39 AM
8	ICB	Jan 28, 2011 2:05 AM
9	for this option (discussed above), parents should be completely responsible for everything including payment to the provider, as long as the regional center reimburses in a timely manner.	Jan 28, 2011 2:18 AM
10	parents responsible based upon income	Jan 28, 2011 2:20 AM
11	Many parents may be unable to afford a co-payment. Again, the regional center should pay for this service.	Jan 28, 2011 2:33 AM
12	cancel all services	Jan 28, 2011 2:38 AM
13	The consumer and family should be given the option either paying the co-pay or reducing the authorized hours to compensate for the cost of the co-pay.	Jan 28, 2011 2:43 AM
14	Families should not be required to pay a co-payment.	Jan 28, 2011 3:20 AM
15	The consumer and family must commit to being actively involved in the program by being ready on time and consistent with attendence.	Jan 28, 2011 3:22 AM
16	not applicable	Jan 28, 2011 3:22 AM
17	none	Jan 28, 2011 3:37 AM
18	No copayment. Minimum 24 hours per month, more if family is in crisis or if a single-parent family with no built-in support.	Jan 28, 2011 3:37 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
19	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM
20	Respite is designed so parents have a break! Therefore, their responsibility is to take advantage of the time to do what they are otherwise restricted from doing.	Jan 28, 2011 4:04 AM
21	Co-payment for non-low-income families	Jan 28, 2011 4:14 AM
22	There should be a copay from the parents if their income permits.	Jan 28, 2011 4:18 AM
23	?	Jan 28, 2011 4:24 AM
24	Just as a payment for babysitting care is needed, a similar low rate should help defray this expense.	Jan 28, 2011 4:41 AM
25	parents/conservators should cover costs over and above basic respite needs.	Jan 28, 2011 4:43 AM
26	The parent gets a break during these services and should not be called upon unless there is an emergency	Jan 28, 2011 4:57 AM
27	Co-pay mandatory for all, drop the FCPP-medi-cal exemption;. that is ridiculous	Jan 28, 2011 4:58 AM
28	None, this is something none of us can afford and yet truly need	Jan 28, 2011 5:04 AM
29	Sliding scale payment plans based on family income for services	Jan 28, 2011 5:37 AM
30	As necessary.	Jan 28, 2011 5:59 AM
31	Families should not be penalized for taking the needed breaks.	Jan 28, 2011 6:23 AM
32	1) Continue with FCCP for families of minor children.	Jan 28, 2011 6:26 AM
33	The families of children with DD are already subject to a parental co-payment based on gross family income; It is not appropriate for adults with DD to be denied respite services when they have family caregivers.	Jan 28, 2011 6:38 AM
34	NONE	Jan 28, 2011 6:55 AM
35	Sliding scale copayments are appropriate except when families are low income and lacking in other family resources.	Jan 28, 2011 7:02 AM
36	Doesn't make sense to have a co-payment unless the family is wealthy	Jan 28, 2011 7:23 AM
37	Parents and Facilitators should Always work together to Achieve the best goal for the patient!	Jan 28, 2011 7:31 AM
38	Copay of $5.00 a use would be reasonable.	Jan 28, 2011 8:25 AM
39	Parents should pay what might be the usual cost if their child did not have a disability. Anything over that should be assisted with. After a child has aged out of typical child care, financial assistance should be provided to the families because this is an ongoing cost they otherwise would not have.	Jan 28, 2011 5:06 PM
40	I know people that get paid to provide service to their own family members. I am not sure about this? Should we pay people to care for their own family members, maybe?	Jan 28, 2011 5:08 PM
41	Agree with the Family Cost Participation that is in place	Jan 28, 2011 5:13 PM
42	Parent co-payment based on tax returns. Formula should be devised for this co-payment.	Jan 28, 2011 5:16 PM
43	These standards already exist	Jan 28, 2011 5:31 PM
44	- Consumers. no standard. Parents only to complete the monthly/quarterly survey and to schedule at least 85% of the available hours.	Jan 28, 2011 5:31 PM
45	Families should choose aprogram that best fits their family member and has the lowest cost. Co-pays for over -priced services should be added.	Jan 28, 2011 5:35 PM
46	FCPP should apply. Documentation of need (work schedule, employer address to verify commute, child's school schedule) and verification that generic resources are not sufficient to the task of caring for the individual.	Jan 28, 2011 6:09 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
47	If the respite standard is 30 hours a month then anything above that number should be assessed at a higher family co pay. The families should present a calender of the schedule of the disabled member and their schedules with proof of employment or schooling to justify the additional hours. If the consumer is an adult the the same schedule need should apply - both should take into account IHSS hours. With adult and children the family may be using the IHSS to pay themselves and then need respite - IHSS can be used to hire other people for repite under the supervison hours.	Jan 28, 2011 6:16 PM
48	Respite should be provided at no charge to family.	Jan 28, 2011 6:18 PM
49	The amounts and rates should increase, not decrease from what they currently are.	Jan 28, 2011 6:26 PM
50	See 1, above.	Jan 28, 2011 6:27 PM
51	co-pay for respite.	Jan 28, 2011 6:32 PM
52	For minors co-payments should be a must.	Jan 28, 2011 6:33 PM
53	Perhaps parents could pay a small co-payment for childcare. A pool of parents that could trade respite services rather than depending on state funds, might be a cheaper cost alternative.	Jan 28, 2011 6:36 PM
54	Co-payment: FCPP for some families. Responsibility of consumer/family and respite provider to have time cards in on a time manner.	Jan 28, 2011 6:46 PM
55	If there is to be a co payment I think it should be based upon the income of the person that is taking care of the indiviual.	Jan 28, 2011 6:52 PM
56	none	Jan 28, 2011 6:52 PM
57	sliding scale	Jan 28, 2011 6:54 PM
58	responsibility of parents to be proactive and advocate for their people with special needs...however, many parents are unaware of these services	Jan 28, 2011 6:54 PM
59	no co-payment; use it or lose it	Jan 28, 2011 6:58 PM
60	Income scaled co-payment	Jan 28, 2011 7:04 PM
61	they already are doing all they can	Jan 28, 2011 7:06 PM
62	regardless if someone is eligible for Medi-Cal, if the parents can afford to, they should pay for respite.	Jan 28, 2011 7:10 PM
63	There should be a co-payment for sure.	Jan 28, 2011 7:12 PM
64	These standards already exist at levels that many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Jan 28, 2011 7:13 PM
65	The combination of IHSS hours, respite, hours, service hours, educational hours, and sleep hours, should not exceed the number of hours in the day. A family/caretaker should not be able to bill for some sort of service for each waking hour of the consumer. There should be an amount of time that a parent is expected to parent the child/consumer as part of their parently responsibility. The combination of services and total amount of time billed for some service during the day should be able to be monitored more closely.	Jan 28, 2011 7:17 PM
66	There is already a copayment -- it should not be increased. Parents pay a great deal already in diagnosis, medical bills, doctor copayments, private therapy, medicine, laywers bills or advocate fees to fight school districts for services. These additinal expenses paid by parents should be considered as copayment of any services SARC provides.	Jan 28, 2011 7:33 PM
67	A sliding fee for co-pay could work; except for Early Start. There should be no fee for Early Start services.	Jan 28, 2011 7:51 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
68	PLEASE do away with the FCPP program. It is so terrible! Or raise the income limits because those of us who live in high cost of living areas HAVE to make more just to survive here. Respite is our only guilty pleasure. If we had to pay $10/hr to our helpers, we would never get out because we feel badly enough taking a few hours/week for ourselves. Most of the time we just run errands or go out to dinner as a couple anyway - it's saved our marriage! We are 50% FCPP assessed and we don't qualify for IHSS. All we get is respite, diapers, and some behavioral services. We need the rest of our respite hours back!	Jan 28, 2011 8:01 PM
69	Definetly - Respite should be wisely used and a more open communication should be occuring between provider and Regional Center.	Jan 28, 2011 8:02 PM
70	Usually the family is left holding the bag. This should not be. Yet Regional Center did the best they could, given their funding.	Jan 28, 2011 8:41 PM
71	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
72	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM
73	FCPP share of cost should be expanded to cover all services provided to minor children living with their families.	Jan 28, 2011 9:01 PM
74	Parents should not be required to pay a co-payment for respite. Respite is determined by need and parents should not be financially penalized for taking care of themselves so they can better take care of their loved one. Parents are already facing incredible financial burden in caring for their loved one, let's not add to it. Respite should be a complete rest. Parents should be responsible in ensuring the person caring for their loved one is qualified.	Jan 28, 2011 9:04 PM
75	These Standards already exist at levels that many families cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay	Jan 28, 2011 9:04 PM
76	Insurance companies may be an option to funding some respite.	Jan 28, 2011 9:11 PM
77	Services should be provided free to clients by the Regional Center System under the Lanterman act. Caring for disables persons is a challenge for parents of all income levels. Providing services based in parental income level is gross class discrimination. Parents who earn more pay more in taxes and therefore should be entitled to the same services provided those of lower level income brackets.	Jan 28, 2011 9:20 PM
78	See prior.	Jan 28, 2011 9:27 PM
79	Parents are responsible for raising and spending time with their children, regardless of disability. Respite is to be used only for intermittent breaks, and should not infringe on essential time with parents and family.	Jan 28, 2011 9:41 PM
80	By using self-directed services, my spouse and I were able to manage our household budget in a better and timely manner. Otherwise, see response to the same question under Behavior Services	Jan 28, 2011 9:41 PM
81	See number five above...	Jan 28, 2011 9:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
82	Ideally no co-pays of course. If co-pay is needed, I suggest a percentage of income with a clear formula and lower level at which no copay is required. method of procuring this information and computing formula needs to be EASY and SIMPLE. When our child first needed services, she had tremendous life-or-death medical needs. We were not given enough hours. We appealed, and then had the second level with an administrative law judge. We were told (a) You are asking for more hours than most parents, (well, duh!), and (b) that I should quit my full time professional work and stay home with our child. (You can bet he'd not have said that to my husband!) THE PARENT SHOULD NOT BE REQUIRED TO FACE SUCH A BARRIER AND TO HAVE TO FIGHT FOR THEIR AND THEIR CHILD'S PHYSICAL AND MENTAL HEALTH. This is NOT the parent's responsibility. The parents need to honestly assess their needs and to understand that we are working with limited resources, You can ask them to consider other alternatives, but it is not their responsibility to conform to a "one size fits all" model and destroy their lives to do this.	Jan 28, 2011 10:11 PM
83	parents should have a co-pay according to a sliding scale ability to pay - and provider should collect the pay	Jan 28, 2011 10:13 PM
84	No respite for families making more than 300% of the federal poverty level. Cost participation on a sliding scale for families making less than that amount.	Jan 28, 2011 10:23 PM
85	co-payment (based on sliding scale/tax returns) and/or time committment.	Jan 28, 2011 10:23 PM
86	Ideally no co-pays of course. If co-pay is needed, I suggest a percentage of income with a clear formula and lower level at which no copay is required. method of procuring this information and computing formula needs to be EASY and SIMPLE. When our child first needed services, she had tremendous life-or-death medical needs. We were not given enough hours. We appealed, and then had the second level with an administrative law judge. We were told (a) You are asking for more hours than most parents, (well, duh!), and (b) that I should quit my full time professional work and stay home with our child. (You can bet he'd not have said that to my husband!) THE PARENT SHOULD NOT BE REQUIRED TO FACE SUCH A BARRIER AND TO HAVE TO FIGHT FOR THEIR AND THEIR CHILD'S PHYSICAL AND MENTAL HEALTH. This is NOT the parent's responsibility. The parents need to honestly assess their needs and to understand that we are working with limited resources, You can ask them to consider other alternatives, but it is not their responsibility to conform to a "one size fits all" model and destroy their lives to do this.	Jan 28, 2011 10:32 PM
87	Parent responsibility for caring for their own children needs to be considered.	Jan 28, 2011 10:37 PM
88	See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
89	Parents of typically developing children are expected to pay a babysitter if they need a break. There should be a co-payment for respite services depending on the family's ability to pay.	Jan 28, 2011 10:57 PM
90	parents should pay share of cost	Jan 28, 2011 10:58 PM
91	Share of cost on sliding scale for respite. Parent training/other family support or advocacy provided at no charge.	Jan 28, 2011 11:09 PM
92	There should be some form of co-payment for services based upon income. In addition, services should be terminated of services are not used for a set amount of time. And if they are terminated, there should be a set amount of time that should have to pass before the service can be requested again.	Jan 28, 2011 11:13 PM
93	No.	Jan 28, 2011 11:32 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
94	None. The payment is so small that to require a copayment is a joke since we are already supplementing that money significantly.	Jan 28, 2011 11:35 PM
95	Parents and consumers should be fully responsible. But, maybe they could get together and trade-off giving respite services to each other. Can you provide training?	Jan 29, 2011 12:09 AM
96	None.	Jan 29, 2011 12:21 AM
97	Parents usually do an unofficial copay as the current rate is not comparable with local childcare rates. At least this difference should be made up.	Jan 29, 2011 12:27 AM
98	Highly responsible.	Jan 29, 2011 12:58 AM
99	See above	Jan 29, 2011 1:17 AM
100	Comply with law regarding procedural safeguards, parental rights, etc.	Jan 29, 2011 1:45 AM
101	see above	Jan 29, 2011 2:18 AM
102	Respite organizations must be specialized for the disabled needs of the child.	Jan 29, 2011 2:48 AM
103	Parents could be asked to pay an amount equivalent to paying a babysitter.	Jan 29, 2011 3:14 AM
104	See remark in # 5.	Jan 29, 2011 3:15 AM
105	sliding scale -- many people can pay for these services	Jan 29, 2011 3:18 AM
106	Again, these people who receive the care are over 18 and in many cases are being cared for a much cheaper rate by their parents. Respite would in the long run save the State by preventing burnout by the parent and placement for the consumer.	Jan 29, 2011 3:40 AM
107	fully funded by regional center	Jan 29, 2011 3:47 AM
108	Parents and consumers should commit to the time arrange or will lose the benefit.	Jan 29, 2011 3:51 AM
109	co-pay based on income	Jan 29, 2011 3:53 AM
110	as needed and agreed upon	Jan 29, 2011 4:44 AM
111	Don't know	Jan 29, 2011 4:51 AM
112	No one should be cut	Jan 29, 2011 5:11 AM
113	parents should be the service provider	Jan 29, 2011 5:12 AM
114	Famillies should pay 50% respite!	Jan 29, 2011 6:03 AM
115	The co-pay (FCPP) is already more than most families should have to absorb. There should be no greater time commitments than those already in place.	Jan 29, 2011 6:14 AM
116	use it	Jan 29, 2011 6:33 AM
117	See number 5	Jan 29, 2011 6:46 AM
118	Family co-payment based on family income. Time commitment in lieu of partial payment.	Jan 29, 2011 6:52 AM
119	Parents have a "normal" responsibility for caring for any child....extraordinary demands warrants necessary assistance	Jan 29, 2011 7:24 AM
120	should be no co-payment and as long as needed	Jan 29, 2011 7:53 AM
121	Consumer should be available and accessible. Parent is not the therapist or repite giver - period.	Jan 29, 2011 8:45 AM
122	No	Jan 29, 2011 8:49 AM
123	co-pay as mentioned above	Jan 29, 2011 3:14 PM
124	Keep current practice of family contribution based on income.	Jan 29, 2011 4:50 PM
125	Please read number 3	Jan 29, 2011 6:57 PM
126	Parents can keep a record of services the provided and file for reimburstment.	Jan 29, 2011 7:14 PM
127	Patents should be responsible for interviewing, monitoring and reporting on the services that are being provied by outsiders to there family members.	Jan 29, 2011 7:46 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
128	These parents and caregivers are typically using every penny they have for therapy and treatments. For me, I do not have enough money to prioritize a date night, we spend ALL of our extra money on our childs therapies and treatments. So to have a co-payment is crazy. They are already putting in the time commitment to be full time caregivers.	Jan 29, 2011 7:46 PM
129	Parents should not be required to pay for these services at all.	Jan 29, 2011 8:11 PM
130	Everyone should be involved in making sure the services provided are making a positive difference in the consumers and family life. Have family attend classes maybe volunteer at centers. GET THEM INVOLVED.	Jan 29, 2011 8:40 PM
131	Sliding scale co-payment based on family income.	Jan 29, 2011 9:10 PM
132	Parents/consumers billed for time they did not meet their committment?	Jan 29, 2011 9:31 PM
133	Parents with MediCal $0 copayment Parents with income $3.00 per hour copayment	Jan 29, 2011 9:50 PM
134	IPP	Jan 29, 2011 10:57 PM
135	HELPO RECRUIT RESPITE PROVIDERS, CLOSE COMMUNICATION WITH AGENCIES AN PROVIDERS, CO PAY WHERE FEASABLE	Jan 30, 2011 12:00 AM
136	I can't pay more. I was greatfull i could get out to a gmae now and then.	Jan 30, 2011 12:17 AM
137	no suggestion	Jan 30, 2011 12:28 AM
138	Copayment if available.	Jan 30, 2011 12:36 AM
139	The Family Cost Participation Program seems fair. Families should be contributing when they are able.	Jan 30, 2011 1:24 AM
140	It the families have a child with special needs, then they should receive 8 hours per week per child.	Jan 30, 2011 8:03 AM
141	Parents shlud probably pay min wage, but on a sliding scale based on family income and total service hours per month so it doesn't get to be too much for some people.	Jan 30, 2011 5:20 PM
142	I don't know if this is possible for parents who use the system to be responsible for any services offered to them while the person who offers the service is not responsible at the first place. We cannot blame parents for getting rich when we keep paying them to watch tv all day and pay bills with their child respite or day care.	Jan 30, 2011 8:22 PM
143	There s/b no co payment. Autistic children have problem behaviors 24 hrs per day. Parents NEED respite for their own sanity and ability to deal w/ special needs children in the household.	Jan 30, 2011 8:43 PM
144	no co-payment for those in need	Jan 30, 2011 9:17 PM
145	Co pays should be based on available family income	Jan 31, 2011 12:07 AM
146	Respite needs to be provided to all who qualify, but payment needs to be based on parent income and co-pays need to be charged. Wealthy parents tend to be the one group that fights for what they perceive is due them. They can afford this service out of pocket and should be expected to pay a fee.	Jan 31, 2011 3:25 PM
147	asked/answered	Jan 31, 2011 3:49 PM
148	All services should be on a sliding scale with parents taking some responsibility financially for their children's services.	Jan 31, 2011 3:54 PM
149	Co-pay.	Jan 31, 2011 3:58 PM
150	co pay based on income/ need	Jan 31, 2011 3:59 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
151	If regional center continues to fund child care, there should be an income verification process and a verification of the hours that the parent is indeed working. There are families who are receiving child care funding, who have significant monthly incomes, and there are some who live in mansions and have private yahts and luxury cars, yet claim that is a financial hardship for them to pay for their child's day care. this is unacceptable and is taking advantage of the system. there are other families who claim to work full-time and receive full-time day care funding, yet it is known that they do not work the hours they claim, yet verification is not a part of the process. There are others who are claiming to work, and yet it is fairly certain that they do not work at all, and again, the regional centers do not have a process to verify employment and working hours. There should be a sliding scale income criteria, with a requirement to provide proof of income, and there should be a process for regional center to be able to verify that the parent is working the hours they claim to be working.	Jan 31, 2011 4:31 PM
152	Ability to pay should be considered.	Jan 31, 2011 4:34 PM
153	Parents should be required to schedule in advance with the agency, not individual provider and submit statements of "time used" for tracking purposes.	Jan 31, 2011 4:51 PM
154	FCPP as it applies now.	Jan 31, 2011 4:54 PM
155	Share of cost needs to be apply regardless of medicaid waiver status. Better and clear regulations for day care is needed especially for consumers under 18. Better tracking of reimbursement and use of service is needed as many families use the service inappropriately such as paying for a new car. Parents/families need to be more liable for the reimbursements of money such as reporting it.	Jan 31, 2011 5:18 PM
156	commitment for as long as the disability lasts...	Jan 31, 2011 5:35 PM
157	n/a	Jan 31, 2011 5:43 PM
158	parental co-pay should be considered.	Jan 31, 2011 5:57 PM
159	If the consumer is under 18 years old, then a share of cost.	Jan 31, 2011 6:17 PM
160	Parents that have a consumer under 18 must pay for day care, respite as part of their responsibility as a parent. If the disability is above and beyond a child of similar age, parent to fund hourly minimum wage and DDS to fund above due to specialty (medical/behavioral) 18 and over, DDS to fund respite if appropriate	Jan 31, 2011 7:07 PM
161	Pre-paid debit cards are sent monthly. Everyting else is automated (when service was provided, who received payment, are they vendorized, etc.)	Jan 31, 2011 7:13 PM
162	Parents should be responsible to the level that they would if their child did not have a disability.	Jan 31, 2011 7:20 PM
163	No co-pay should be required. Could be voluntary if some families could afford it.	Jan 31, 2011 7:22 PM
164	sliding scale	Jan 31, 2011 7:38 PM
165	this population is, on top of having a medically fragile child, also financially fragile. One extended hospital stay can reach $1 million easily ($2 million for one of our stays, and $1 million for our last stay), and with the fractured medical system, possible service fees could already spill onto their shoulders. One parent usually must give up any salaried work, thereby putting the brunt of the responsibility on the secondary caregiver - further pushing that person from the daily routine, from bonding with the family... And that parent also suffers from career development because he (or she) has to be available to support the primary caregiver when crises arise. (from personal experience) I cannot say enough that whatever can be done to help this category of Most Vulnerable Families! Respite support for these families also is a critical piece of child abuse/neglect!!!	Jan 31, 2011 8:13 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
166	co-payment volunteering time to help others	Jan 31, 2011 9:13 PM
167	If families have money to pay for someone to watch their child (including adult children) then Regional Center should not have to fund for them to take a break. If families have a reliable family member to watch their child, then Regional Center should not have to pay (for example a grandparent) to watch the child.	Jan 31, 2011 9:27 PM
168	These standards already exist at levels tha many family's cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Jan 31, 2011 9:33 PM
169	This should be a joint venture, agreed upon by everyone involved.	Jan 31, 2011 9:35 PM
170	If the family members can pay for it, and if there is a pool of specialized individuals available to them, the family members should participate to the extent possible in payment for these services.	Jan 31, 2011 9:51 PM
171	co pays.	Jan 31, 2011 9:57 PM
172	Many are unable to participate here	Jan 31, 2011 10:02 PM
173	All families should have a co-pay of at least $5.00 for every 4 hours of respite provided, and should have to pay in advance of receipt of services.	Jan 31, 2011 10:08 PM
174	Perhaps a share of cost for children under the age of 12, although they do not currently qualify for many hours.	Jan 31, 2011 10:15 PM
175	For minor children, parents should pay for entire service or co-payment based on income as they would for any other service. For services that are partially or fully funded, there needs to be accountability by the care-provider. A signed affidavit/document/contract of how the hours are going to be used should be required. Respite should be a periodic service not an ongoing service maintained for years on end.	Jan 31, 2011 10:30 PM
176	rere	Jan 31, 2011 10:31 PM
177	N/A	Jan 31, 2011 10:36 PM
178	in FCPP assessments, eliminate the ability to waive an assessment because a consumer has medical. Often families utilize the institutional deeming waiver for no other reason but to not have to "pay for respite or daycare", some of these families are wealthy and are not in need of assistance.	Jan 31, 2011 10:51 PM
179	They need to have goals for respite time and provide proof that respite was used for appropriate or stated purpose.	Jan 31, 2011 11:52 PM
180	same as above #6	Feb 1, 2011 12:59 AM
181	Support parents so that they can continue work...relieves burden to society in the end.	Feb 1, 2011 1:27 AM
182	Since the fees paid for respite are never enough to cover the services, the parent or family member necessarily shoulders the burden.	Feb 1, 2011 1:34 AM
183	Microboards	Feb 1, 2011 1:48 AM
184	WE do all the other time so getting some supported time off is really a social responsible thing to do.It keeps us on the job with some sanity and perhaps kindness instead of frustration in our hearts.	Feb 1, 2011 3:24 AM
185	Continue with FCPP for respite. It's working.	Feb 1, 2011 3:57 AM
186	Services should be free to all participants.	Feb 1, 2011 4:29 AM
187	If the family is able to pay for/provide the services using generic resources, they should do so rather than expecting the State to fund.	Feb 1, 2011 4:36 AM
188	free, but ask for donation	Feb 1, 2011 4:54 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
189	Parents make the ultimate decision in hiring and firing of staff. In critical need situations, families should not have to pay for respite - they don't need another burden. A co-payment situation could be offered if parents desire more hours than they are allotted.	Feb 1, 2011 5:08 AM
190	Parents of disable children should pay most of the expenses and shouldn't pass the bill to the society.	Feb 1, 2011 5:17 AM
191	if they can help let them	Feb 1, 2011 5:24 AM
192	Families should be provided services on a sliding scale basis (determined by financial capability).	Feb 1, 2011 5:27 AM
193	N/A	Feb 1, 2011 5:31 AM
194	parents also have a right to look after their children. A team at the regional center should not be the ones to only give one person one time slot and another more should be equal and capped.	Feb 1, 2011 5:32 AM
195	same answer as previous	Feb 1, 2011 6:01 AM
196	Parents of minors should be responsible for the normal costs of child rearing up to the age of 18, and regional centers should pay any excess. I believe this is the current prevailing standard.	Feb 1, 2011 7:25 AM
197	parents need to use their respite hours so they can re-energize. Parents need to be reassured that they can TRUST the caregiver enough to go & have a good time or simply go to another room & remove themselves from the normally hectic or draining environment. No co-pay, no pressure - just time off	Feb 1, 2011 7:31 AM
198	Parents need to pay a worker who has been hired and made a commitment to do respite care on any given day, even if the service is not used.	Feb 1, 2011 9:02 AM
199	Parents should be involved with communication prior to respite services	Feb 1, 2011 9:56 AM
200	Thru the assessment of time process the parental/care provider co-payment would be factored in. e.g. based on the level of disability an amount of time would be awarded. This amount of time would be considered in addition to what a parent with a non-disabled child would need for respite/time away from the child.	Feb 1, 2011 4:27 PM
201	Parents need to also communicate to the vendor and provider doing the respite what the child will be needing while the parent receives a break in care.	Feb 1, 2011 4:31 PM
202	parents must keep track and document	Feb 1, 2011 5:14 PM
203	Agency and Service Coordinators need to communicate with families on the options and uses for services. Majority of the time family members are directed for a type of service and then are left blank as to the responsibilities. Agency comes in to educate the family members and or consumers but we need to explain this on the regional center side as well. In example, the rules and guidelines for that type of service (respite) for that regional center.	Feb 1, 2011 5:16 PM
204	Co-Payment should be determined by NLACRC.	Feb 1, 2011 5:30 PM
205	high standard for parent role	Feb 1, 2011 6:05 PM
206	Co-payment may be possible in some cases. These issues should always consider sliding scale and family situation.	Feb 1, 2011 6:06 PM
207	find a responsive person and time commitment.	Feb 1, 2011 6:28 PM
208	Parents/Families need to be realistic about true needs. Families need to be treated with respect from RC.	Feb 1, 2011 6:58 PM
209	Parents and caregivers should use the service responsibly, for a real need but they are already providing the 24 hour care so they can't be expected to provide more time. I don't belive a co-pay is appropriate. Service should be provided if regional center is able.	Feb 1, 2011 7:25 PM
210	Make it easier for parents and consumers.	Feb 1, 2011 7:51 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
211	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM
212	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
213	Current standards are adequate	Feb 1, 2011 9:32 PM
214	The State is saving money by helping these parents have a break. All these parents could hand their children's day over to the State for them to take care of them full time and then just visit their children on occasion.	Feb 1, 2011 9:38 PM
215	none	Feb 1, 2011 9:42 PM
216	See above.	Feb 1, 2011 9:46 PM
217	GOVERNMENT SHOULD AND COULD PAY FOR SERVICES FOR THOSE WHO ARE DISABLED AND THE PEOPLE WHO CARE FOR THEM. THERE SIMPLY IS NO EXCUSE MR. BROWN.	Feb 1, 2011 9:57 PM
218	Time commitment to find a provider	Feb 1, 2011 10:45 PM
219	Use the hours allotted, or lose the hours allotted.	Feb 1, 2011 10:53 PM
220	Co-payment feasible if family can afford it.	Feb 1, 2011 11:16 PM
221	Parents responsibilities are to hire a competent service provider. We already pay a portion to the caregiver for childcare.	Feb 1, 2011 11:34 PM
222	The current system is fine. The problem is finding providers.	Feb 1, 2011 11:43 PM
223	Standard ability-to-pay should apply.	Feb 2, 2011 12:10 AM
224	Parents of children with disabilities should be included in planning for using these services. Children with disabilities are benefited by the economic security and sustained self worth of their parents and family providers and any requirement for care participation that is not economically supported and that jeopardized parental jobs / energies and ability to meet responsibilities for all family members should be avoided.	Feb 2, 2011 12:15 AM
225	Parents should make sure they have availability according their needs. and the parents should pay the respite and get the money from RC.	Feb 2, 2011 12:30 AM
226	co-pay definitely	Feb 2, 2011 12:31 AM
227	Same as above.	Feb 2, 2011 12:46 AM
228	Parents should not have to pay for their monthly respite care. If they choose to contract the respite care provider for hours beyond their monthly allotment, this should not be discouraged.	Feb 2, 2011 12:54 AM
229	Share of cost should be enough.	Feb 2, 2011 1:14 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
230	We cannot afford co-payments. No!	Feb 2, 2011 1:18 AM
231	Too many families can't afford it. Base it on a sliding scale.	Feb 2, 2011 2:43 AM
232	co payment after recommended services are exceeded	Feb 2, 2011 2:53 AM
233	$2/copayment	Feb 2, 2011 3:48 AM
234	co-payments-no free services	Feb 2, 2011 5:24 AM
235	FCPP should continue. No vouchers, because people just use it as income.	Feb 2, 2011 5:25 AM
236	Once again, as ability permits without draining resources upon whichothers also depend.	Feb 2, 2011 5:31 AM
237	Case by case basis but services shouldn't be denied if not able to pay.	Feb 2, 2011 6:00 AM
238	evaluate the services regularly by parents	Feb 2, 2011 6:10 AM
239	Sliding scale where appropriate.	Feb 2, 2011 6:12 AM
240	co-payment,	Feb 2, 2011 8:54 AM
241	Parents should ask the cooperation of other relatives, neighbours and friends to be relieved when they need it.	Feb 2, 2011 2:09 PM
242	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California 's pubic schools and the same logic applies here.	Feb 2, 2011 3:41 PM
243	If a family receives social security for their child or adult child then that money should be used to pay for a respite provider.	Feb 2, 2011 4:04 PM
244	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 2, 2011 4:58 PM
245	3 dollars per hour for selected families with certain income.	Feb 2, 2011 5:47 PM
246	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California 's pubic schools and the same logic applies here.	Feb 2, 2011 5:54 PM
247	see above	Feb 2, 2011 6:05 PM
248	Commit to going to whatever is needed or getting information that is needed to get the problem solved.	Feb 2, 2011 6:18 PM
249	Co-payment low but necessary.	Feb 2, 2011 6:33 PM
250	no comment	Feb 2, 2011 6:37 PM
251	Sliding scale based on income.	Feb 2, 2011 6:40 PM
252	a	Feb 2, 2011 6:52 PM
253	Effectively there is a copay already since the payrate is so low relative to market that I always make up the difference personally.	Feb 2, 2011 6:57 PM
254	I have often paid an agency to provide respite services, since my daughter no longer receives respite through our regional center.	Feb 2, 2011 7:22 PM
255	Parents/caregivers must sign off on hours provided. Parents/caregivers must report changes in client functioning.	Feb 2, 2011 7:41 PM
256	Sliding scale for families with children with developmental disabilities	Feb 2, 2011 7:47 PM
257	Parents have the ultimate responsibility for the person they have into their home to care for their child.	Feb 2, 2011 8:57 PM
258	See #5.	Feb 2, 2011 9:05 PM
259	Each case varies, some people require more of some care than others	Feb 2, 2011 9:40 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
260	Parent should pay fully or at least half	Feb 2, 2011 9:41 PM
261	N/A	Feb 2, 2011 9:45 PM
262	Parents must take time for themselves away of current stressors to empower these parents.	Feb 2, 2011 10:06 PM
263	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
264	Well time is hard to give when you are dealing with someone with disabilities and money is tight for everyone. So why not fund raise.	Feb 2, 2011 10:13 PM
265	I would be willing to be part of a respite 'co-op' where families with consumers with like needs could be matched up...screening would be an issue I'm sure, but fingerprinting and criminal background checks could be done to help in that area. I would be willing to donate offfice help time to 'earn' extra respite hours for my daughter....	Feb 2, 2011 10:20 PM
266	Please previous topic response....	Feb 2, 2011 10:26 PM
267	Family should not be responsible for payment of repite hrs.	Feb 2, 2011 10:28 PM
268	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (lanterman Act Section 4501) The state does not ask paretns and student for co-pays in California's public schools and the same logiv applies here	Feb 2, 2011 10:29 PM
269	See response to this question in prior sections	Feb 2, 2011 10:29 PM
270	N/A	Feb 2, 2011 10:30 PM
271	Ideally no co-pays of course. If co-pay is needed, I suggest a percentage of income with a clear formula and lower level at which no copay is required. method of procuring this information and computing formula needs to be EASY and SIMPLE. When our child first needed services, she had tremendous life-or-death medical needs. We were not given enough hours. We appealed, and then had the second level with an administrative law judge. We were told (a) You are asking for more hours than most parents, (well, duh!), and (b) that I should quit my full time professional work and stay home with our child. (You can bet he'd not have said that to my husband!) THE PARENT SHOULD NOT BE REQUIRED TO FACE SUCH A BARRIER AND TO HAVE TO FIGHT FOR THEIR AND THEIR CHILD'S PHYSICAL AND MENTAL HEALTH. This is NOT the parent's responsibility. The parents need to honestly assess their needs and to understand that we are working with limited resources, You can ask them to consider other alternatives, but it is not their responsibility to conform to a "one size fits all" model and destroy their lives to do this.	Feb 2, 2011 11:42 PM
272	This is one area that parents should have very little out of pocket cost.	Feb 3, 2011 12:02 AM
273	Family cost participation	Feb 3, 2011 12:14 AM
274	Sometimes the determination of amount of co-pay is made after the initial respite contract is put into place. This can mean that the vendor provides services and then discovers the hours have been withdrawn -- leaving the parent financially responsible. This practice needs to cease.	Feb 3, 2011 12:16 AM
275	No co-pays! simple, fair rules, like the respite worker cannot take care of ten extra kids without pay. Parents should be able to contract with provider to pay for more than one kid, it the parents want to go out. You can have suggested rates for sib care, but don't forbid it, or forbid using the care the way the parents want. It is stupid to have two paid workers sitting on the couch doing nothing while two children sleep.	Feb 3, 2011 12:21 AM
276	Same answer as previous pages	Feb 3, 2011 12:46 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
277	There should definitely be a co payment, maybe on a sliding scale as related to income for these services.	Feb 3, 2011 12:49 AM
278	2 to $5 an hour.	Feb 3, 2011 12:51 AM
279	Service limited to adults	Feb 3, 2011 1:03 AM
280	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California 's pubic schools and the same logic applies here.	Feb 3, 2011 1:03 AM
281	If parent is not using service then we have right to terminate and skip the Notice of Action process or speed up the NOtice of Action Process.	Feb 3, 2011 1:04 AM
282	see 5. base co-payment on sliding scale. Families with income in upper middle income should not be eligible without paying for them.	Feb 3, 2011 1:07 AM
283	A co=payment might be necessary	Feb 3, 2011 1:27 AM
284	monitored by regional center	Feb 3, 2011 1:33 AM
285	regional center pays. if consumer is receiving 2 or more services already, then co-pay based on financial ability to pay	Feb 3, 2011 2:02 AM
286	Families should not be asked to pay unreasonable co-payments - these services are necessary based on disability not family ability. The family should not be asked to make a large time commitment because that defeats the purpose of respite.	Feb 3, 2011 2:04 AM
287	Pro-rated	Feb 3, 2011 2:24 AM
288	In a city like SF, parents will have to pay more than the government can pay by virtue of the basic economic realities. These standards are implicitly built into the system already. Parents should be responsible for a quarterly check-in with regional center to ensure that the child is getting appropriate support.	Feb 3, 2011 2:43 AM
289	same as above	Feb 3, 2011 2:55 AM
290	Perhaps in excess of 30 hours per month a copay could be requested. For many people, they cannot even go to the grocery store, mow their yards or even take a shower without help.	Feb 3, 2011 3:04 AM
291	I'm already paying $5 per hour more to my respite care worker, since I can't get anyone to work for $8.70 per hour that is offered by the regional center(after payroll expenses). So a co-payment would be redundant. Furthermore I always use more than the 21 hours per month the regional center provides.	Feb 3, 2011 3:23 AM
292	Parents cannot take these services for granted. The needs of the families should be assessed at regular intervals.	Feb 3, 2011 3:32 AM
293	follow thru and consistent communciation between regional center and parents	Feb 3, 2011 4:43 AM
294	no comment	Feb 3, 2011 5:22 AM
295	Parents must be available to service worker in cases of emergency	Feb 3, 2011 5:57 AM
296	Co-payments may be appropriate, depending on income.	Feb 3, 2011 6:07 AM
297	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 6:11 AM
298	co-pays are reasonable based on income guidelines	Feb 3, 2011 6:30 AM
299	No Comment	Feb 3, 2011 6:53 AM
300	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:53 AM
301	same as today.	Feb 3, 2011 6:53 AM
302	None	Feb 3, 2011 7:32 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
303	There may definitely be room for an adjustment in the a co-pay schedule	Feb 3, 2011 7:45 AM
304	There should be no responsiblity of payment by the parents or consumer. If the family is paying taxes, they are already paying for this service.	Feb 3, 2011 7:48 AM
305	help parents find providers thast need help and dont have family . a co-payment from the parent is fine.	Feb 3, 2011 7:48 AM
306	Time committment.	Feb 3, 2011 8:12 AM
307	parents need to be involved with the life skills and day to day care of the child, time commitment should be based on availability around work, projects, school, and extracurricular activities.	Feb 3, 2011 9:13 AM
308	see above	Feb 3, 2011 1:50 PM
309	Parent that have a certain amount of income should have a co-pay for services. If a parent is not working they really shouldn't need respite. If a child is at school most of the day.	Feb 3, 2011 4:36 PM
310	See above	Feb 3, 2011 4:42 PM
311	Current service standards are working well.	Feb 3, 2011 4:44 PM
312	Parent training in the form of having fun and learning to enjoy their dependent more and more.	Feb 3, 2011 4:51 PM
313	The Share of Care for Respite is effective. The determination for their contribution seems fair as well.	Feb 3, 2011 5:09 PM
314	Families should have a share of cost.	Feb 3, 2011 5:19 PM
315	Families shoudl contribute	Feb 3, 2011 5:24 PM
316	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 5:25 PM
317	see above answers	Feb 3, 2011 5:27 PM
318	Depend on the family income and commitment of the parents to the program.	Feb 3, 2011 5:29 PM
319	A reasonable copayment would help families to participate in the responsibility of caring for their child, as well as help to reimburse the RC for the services provided.	Feb 3, 2011 5:42 PM
320	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 3, 2011 5:50 PM
321	Parents should be able to select the respite provider based on knowledge and reassurance about the individual	Feb 3, 2011 5:52 PM
322	Parents must attempt to use natural family support system prior to being awarded in home or out of home respite care services. EOR shall be be attempted by family prior to referral to agency.	Feb 3, 2011 5:56 PM
323	none - we are co-payed to death from our private insurances and cover cost of therapies that are not covered which leaves us financially drained.	Feb 3, 2011 6:11 PM
324	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:19 PM
325	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:31 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
326	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 6:32 PM
327	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 6:45 PM
328	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 6:50 PM
329	$20 per month co-payments for parents may be reasonable, but no co-payments for consumers.	Feb 3, 2011 6:53 PM
330	Ideally no co-pays of course. If co-pay is needed, I suggest a percentage of income with a clear formula and lower level at which no copay is required. method of procuring this information and computing formula needs to be EASY and SIMPLE. When our child first needed services, she had tremendous life-or-death medical needs. We were not given enough hours. We appealed, and then had the second level with an administrative law judge. We were told (a) You are asking for more hours than most parents, (well, duh!), and (b) that I should quit my full time professional work and stay home with our child. (You can bet he'd not have said that to my husband!) THE PARENT SHOULD NOT BE REQUIRED TO FACE SUCH A BARRIER AND TO HAVE TO FIGHT FOR THEIR AND THEIR CHILD'S PHYSICAL AND MENTAL HEALTH. This is NOT the parent's responsibility. The parents need to honestly assess their needs and to understand that we are working with limited resources, You can ask them to consider other alternatives, but it is not their responsibility to conform to a "one size fits all" model and destroy their lives to do this.	Feb 3, 2011 6:59 PM
331	Find the caregivers and respite workers. Fill out appropirate paperwork.	Feb 3, 2011 7:26 PM
332	PArents schedule their own times	Feb 3, 2011 7:39 PM
333	I already provide a 'co-payment' as my share. Let's keep it at that.	Feb 3, 2011 7:53 PM
334	If possible	Feb 3, 2011 7:56 PM
335	I believe the parents/guardians should supplement the workers pay if possible. We do that and we pay for meals and entertainment.	Feb 3, 2011 8:04 PM
336	Time commitment in the ctivities or care ivolved with the child could waive the cost to parents. For others, a copayment would be okay.	Feb 3, 2011 8:21 PM
337	Parents should use respited when needed, should be committed to the hours given by the needs of the child.	Feb 3, 2011 8:36 PM
338	See above	Feb 3, 2011 8:41 PM
339	see above.	Feb 3, 2011 8:51 PM
340	This is fine at the moment.	Feb 3, 2011 8:51 PM
341	When the parents of regular ed students needed respite, the parents got a babysitter and paid for them out of their own pocket. I realize that special ed students need somebody that can handle a different set of problems but there is certainly ways to find that right people.	Feb 3, 2011 8:51 PM
342	I think that pushing for parents to pay for a co-payment is ideal because they would not want to use this service as much.	Feb 3, 2011 8:52 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
343	Consumer must used service accordingly. Any service not used should not be offered.	Feb 3, 2011 8:56 PM
344	Different by individual	Feb 3, 2011 8:58 PM
345	NO co-payment should be required.	Feb 3, 2011 9:07 PM
346	respite is different than having a babysitter. Give parents a much needed break. Parents pay for so many therapies to help get their children help. While most parents may pay for after school activities, Parents of nontypicals pay for this and therapies, extra school supports etc. Please consider how exhausting it is to work to try and provide what is needed and still not to be able to purchase much needed services.	Feb 3, 2011 9:23 PM
347	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 9:29 PM
348	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 3, 2011 9:29 PM
349	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 9:48 PM
350	n/a	Feb 3, 2011 9:55 PM
351	Share of cost to families with a considerable income.	Feb 3, 2011 10:14 PM
352	time commitment	Feb 3, 2011 10:23 PM
353	Even with poor or very poor parents, some amount of co-pay could be expected.	Feb 3, 2011 10:45 PM
354	Co-payment should be capped to no more than $10 per session (non-income based). I think that this is reasonable if it will assist in raising the qualification standards for the respite workers as well as help to ease the burden on the regional centers.	Feb 3, 2011 11:01 PM
355	As currently set.	Feb 3, 2011 11:14 PM
356	The current service standard seems fair.	Feb 3, 2011 11:25 PM
357	n/a	Feb 3, 2011 11:36 PM
358	It should be offered even if the family hasn't used it before, or rarely uses it or needs it more often.	Feb 3, 2011 11:41 PM
359	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 3, 2011 11:47 PM
360	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here	Feb 4, 2011 12:08 AM
361	If more than 16 hours a month respite, parents should pay a co-pay. In order for parents to truly get a break from the DD child must use in increments of 4 hours. Parents should verify that hours are not being used for them to go to work.	Feb 4, 2011 12:32 AM
362	keep status quo	Feb 4, 2011 12:33 AM
363	100% time commitment	Feb 4, 2011 12:52 AM
364	Same as #4	Feb 4, 2011 12:58 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
365	Most parents are working there tail off while for others) abuse needs to be made explicit have	Feb 4, 2011 1:24 AM
366	RCOC should locate an agencey that (for a samll fee) will maintaing a data base of trainined, professional babysitters (respite workers) that families can access. Parents would pay for the services of the babysitter just like any other paretn does for their small children.	Feb 4, 2011 1:40 AM
367	The Regional Centers SHOULD develop and over see child care centers for kids with disabilities and parents and/or private insurance should co-fund these programs. I know that this is not a typical Regional Center purchase but our kids with disabilities are harder to find day care for and we do not make it easy for parents to get this funding from the Regional Centers/DDSs	Feb 4, 2011 1:41 AM
368	The responsibilities of the parent/consumer should be that they pay half of the amount that the babysitters is asking, and ALTA coverts he rest. Commitment should be honest and they should talk with the person providing the service about what they want them to do and how long they will need their services.	Feb 4, 2011 1:41 AM
369	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 1:58 AM
370	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 2:09 AM
371	Respite should be available on a sliding fee scale.	Feb 4, 2011 2:10 AM
372	Parents should be responsible for payment outside what "normal" day care would cost.	Feb 4, 2011 2:23 AM
373	Keep FCPP	Feb 4, 2011 2:47 AM
374	Since respite service is to provide relief for the parents, time commitment would not apply in this service. However, it's the parents' responsibility to prep the respite worker about interests, likes and dislikes of food and etc., as much as possible to ensure a pleasant experience.	Feb 4, 2011 2:50 AM
375	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 2:51 AM
376	Minimal co-payment but increase if desired to have more then the standard hours unless needed due to special circumstances.	Feb 4, 2011 3:05 AM
377	Frequent survey by the professional regional center and the parent and the provider also.	Feb 4, 2011 3:29 AM
378	Self-directive budget	Feb 4, 2011 4:03 AM
379	minimal co-payment based upon ability to pay	Feb 4, 2011 4:08 AM
380	Family members should help co-pay if possible.	Feb 4, 2011 4:12 AM
381	none	Feb 4, 2011 4:13 AM
382	I believe there should be a co-payment, and it should be sliding scale based on income. In the economic realities that we are facing, there are parents who can afford to pay for proper respite, and those who can't, and I believe that if a family can afford it on their own, it should not be provided by tax payer dollars. But it is a vital service for some families who truly can't afford it, and in the long run when families remain healthy, it is best for the child and for the society.	Feb 4, 2011 4:29 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
383	In many/most cases, the parents and family have already paid a huge sum in supporting their loved one both in actual costs and in time away from work for all the things and time that is required for a disabled person. Don't be stingy and wring more money from them. If this is the case, many may not get the mental break that they need to continue to provide the disabled person's daily care. The typical family of a disabled person already has higher divorce rates. It costs more in the long run to squeeze them for more and more until they break.	Feb 4, 2011 5:18 AM
384	The State of Californai must have integrity in its commitments. Lanterman Act Sectio 4501. If you as for co-pay from these citizens and families, you must require it of all consumers and parents in Public Schools.	Feb 4, 2011 5:30 AM
385	Parents should be responsible.	Feb 4, 2011 5:39 AM
386	None.	Feb 4, 2011 5:53 AM
387	Use effectively.	Feb 4, 2011 6:01 AM
388	It is the caretakers responsibility to regularly use the service for intended purpose - helping to keep the client in the home.	Feb 4, 2011 6:11 AM
389	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 6:53 AM
390	Parent should be sure the Admin has something plan for the residents, and the facility should expect a solid relationship with the client, The parent should recognize food, activities that they would like and help incorportae then in the facility,	Feb 4, 2011 7:29 AM
391	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 7:46 AM
392	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 3:21 PM
393	Same as previous section	Feb 4, 2011 4:56 PM
394	N/A	Feb 4, 2011 5:02 PM
395	The State of California has accepted responsibility for persons with developmental disabilities and has an obligation to them which it should not be allowed to discharge. The state does not ask parents for co-payment in Californias public school system, therefore it should not be allowed for persons with disabilities.	Feb 4, 2011 5:15 PM
396	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 5:21 PM
397	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 5:47 PM
398	None.	Feb 4, 2011 5:54 PM
399	Parents will bear most of the load for caretaking; some co-payment would be appropriate for those with resources.	Feb 4, 2011 5:58 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
400	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 6:15 PM
401	Means testing should be used.	Feb 4, 2011 6:23 PM
402	Based on income--I would not be able to afford to contribute	Feb 4, 2011 6:56 PM
403	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to the which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 7:13 PM
404	The same as previous #6.	Feb 4, 2011 7:22 PM
405	Ask families to pay $1. an hour for services provided.	Feb 4, 2011 7:45 PM
406	Sliding scale. Depends on what the family can afford as a copayment for time off	Feb 4, 2011 7:46 PM
407	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 7:56 PM
408	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 8:16 PM
409	N>A.	Feb 4, 2011 8:25 PM
410	time commitment on the family members is very important and should be discussed	Feb 4, 2011 8:36 PM
411	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501).	Feb 4, 2011 8:43 PM
412	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 9:00 PM
413	Ideally no co-pays of course. If co-pay is needed, I suggest a percentage of income with a clear formula and lower level at which no copay is required. method of procuring this information and computing formula needs to be EASY and SIMPLE. When our child first needed services, she had tremendous life-or-death medical needs. We were not given enough hours. We appealed, and then had the second level with an administrative law judge. We were told (a) You are asking for more hours than most parents, (well, duh!), and (b) that I should quit my full time professional work and stay home with our child. (You can bet he'd not have said that to my husband!) THE PARENT SHOULD NOT BE REQUIRED TO FACE SUCH A BARRIER AND TO HAVE TO FIGHT FOR THEIR AND THEIR CHILD'S PHYSICAL AND MENTAL HEALTH. This is NOT the parent's responsibility. The parents need to honestly assess their needs and to understand that we are working with limited resources, You can ask them to consider other alternatives, but it is not their responsibility to conform to a "one size fits all" model and destroy their lives to do this.	Feb 4, 2011 9:16 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
414	Parents for children under 18 should continue to be required to particpate in funding some of the cost via FCPP. The percentage rate of FCPP should be increased and require more financial particpation on the part of the parents. The income requirements should be lowered so even lower income families still have to contribute a minimal amount to ensure the services are needed.	Feb 4, 2011 9:21 PM
415	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 9:22 PM
416	no co-payment.	Feb 4, 2011 9:28 PM
417	Have a sliding scale. Some Respite workers that WE hire as parents are also behavioralists, nurses, etc... and should be paid more b/c we get more FROM them. Be open to this. I know most Respite get $12/hr, but a behavioralist should get a bt more.	Feb 4, 2011 9:44 PM
418	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to the which it must discharge. (The Lanterman Act section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 9:56 PM
419	The regional center should pay the service providers directly without any cost to the families.	Feb 4, 2011 10:15 PM
420	he State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:15 PM
421	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:27 PM
422	Parents of children with disabilities should be included in planning for using these services. Children with disabilities are benefited by the economic security and sustained self worth of their parents and family providers and any requirement for care participation that is not economically supported and that jeopardized parental jobs / energies and ability to meet responsibilities for all family members should be avoided.	Feb 4, 2011 10:37 PM
423	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 4, 2011 10:41 PM
424	Given prior training, expectations for ensuring success for the child/children, is provider ensuring that child is: Succeeding with self and others (experiencing no harm - mentally, physically, emotionally; is healthy; is safe) Suceeding in community (integrated into community events that interest and benefit child/that child desires)	Feb 4, 2011 10:44 PM
425	: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 10:49 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
426	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 11:20 PM
427	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 4, 2011 11:24 PM
428	N/a	Feb 4, 2011 11:28 PM
429	As above	Feb 4, 2011 11:44 PM
430	Same as above. When an adult consumer is involved, RC should accept total responsibility.	Feb 4, 2011 11:48 PM
431	We must use these hours every month.	Feb 5, 2011 12:28 AM
432	Lanterman Act 4501 accepts the responsibility and obligation to persons with developmental disabilities and should do so without co-pays.	Feb 5, 2011 12:35 AM
433	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section4501). The State does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 5, 2011 12:47 AM
434	same	Feb 5, 2011 1:33 AM
435	No suggestions.	Feb 5, 2011 2:12 AM
436	???	Feb 5, 2011 3:43 AM
437	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501).	Feb 5, 2011 4:01 AM
438	Sliding scale but copayments for those who can afford such	Feb 5, 2011 4:33 AM
439	Parents need to be responsible with the number of hours they receive.	Feb 5, 2011 5:46 AM
440	d	Feb 5, 2011 6:01 AM
441	See above.	Feb 5, 2011 6:56 AM
442	Public school services are not provided on a co-pay basis, nor library services, nor police services, nor fire service. Why here?	Feb 5, 2011 6:57 AM
443	Current standards are fine.	Feb 5, 2011 8:07 AM
444	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 2:50 PM
445	Co-payment is already in place for Respite Care.	Feb 5, 2011 3:57 PM
446	Whatever is necessary and the parent can afford.	Feb 5, 2011 4:12 PM
447	paying for the services	Feb 5, 2011 4:41 PM
448	see above	Feb 5, 2011 5:07 PM
449	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 5:31 PM
450	Do not change from the existing payment responsibility.	Feb 5, 2011 6:32 PM
451	same as first set	Feb 5, 2011 6:41 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
452	The parents should have more flexibility about how they want to use the hours. I hate being told that I cannot use the hours while I am at work yet I am not given any other options for childcare for my son. My work outside of the home should be supported by SDRC as it allows me to have additional resources to care for my child and IT IS A BREAK TO GO TO WORK. My job of caretaking for my child at home is overwhelming when I am at work I feel like a normal person....it is respite for me.	Feb 5, 2011 8:24 PM
453	I oppose POS standards. Please refer to the Lanterman Act section 4501.	Feb 5, 2011 9:06 PM
454	State, expect for the high end	Feb 5, 2011 10:20 PM
455	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 5, 2011 10:59 PM
456	The State of California has accepted the responsibility for persons with developmental disabilities and it has an obligation to them, which it must discharge: The Lanterman Act.	Feb 5, 2011 11:43 PM
457	I think that most parents would be ok to pay a co-payment rather than have no services at all. Yes, there should be penalties for not being responsible with time commitment	Feb 6, 2011 12:38 AM
458	respite for minors should have a substantial co-pay from parents, just the way they'd pay for babysitting of a normal child. for adults, regional center funding is more needed	Feb 6, 2011 2:42 AM
459	As previously stated, income-based. It is a hardship to have a child with a disability, however the reality is that it is an even greater hardship for low-income or poor families.	Feb 6, 2011 3:04 AM
460	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team, including the above, must retain the ability to determine the responsibilities of parents and/or caregivers and consumers relative to the services and supports needed by the consumer.	Feb 6, 2011 5:57 AM
461	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 6:07 AM
462	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 4:40 PM
463	Parental feedback.	Feb 6, 2011 5:14 PM
464	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 6:51 PM
465	the lower functioning, no co-payment required. you don't want these children in instituions.	Feb 6, 2011 8:09 PM
466	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 6, 2011 11:02 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
467	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 5:16 AM
468	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 6:46 AM
469	no for high income families	Feb 7, 2011 7:38 AM
470	Record keeping	Feb 7, 2011 8:06 AM
471	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 2:48 PM
472	Since the State has accepted the responsbility for developmentally disabled persons it has an obligation to them which it must fulfill. Just as public schools are provided with no co-pay, so should these services be provided. Per The Lanterman Act.	Feb 7, 2011 3:37 PM
473	I don't know.	Feb 7, 2011 4:32 PM
474	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 7, 2011 5:47 PM
475	The State of California has accepted responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act section 4501). Co-payment is not a viable option.	Feb 7, 2011 6:23 PM
476	Parents and consumers should not be expected to pay for respite services, as the state is already saving thousands of dollars every year by individuals with special needs continuing to stay in their homes and not being put into government-run institutions.	Feb 7, 2011 6:23 PM
477	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 7:54 PM
478	Look at possibility of parents ability to pay some of the fees. Has to be done a case by case basis and a scale needs to be designed to address how much parents woul dpay based upon their income.	Feb 7, 2011 8:31 PM
479	The responsibility of the parents and consumers would be to give feedback to the regional center regarding the type of care the individual caregiver is providing and to keep track of the hours to be sure that they are reported accurately.	Feb 7, 2011 8:39 PM
480	Parents should be able to select the respite provider based on knowledge and reassurance about the individual	Feb 7, 2011 9:32 PM
481	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 7, 2011 10:10 PM
482	make sure trusts are not supposed to provide this type of care.	Feb 7, 2011 10:45 PM
483	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
484	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
485	According to the Lanterman Act, Section 4501, the State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must fulfill. California does not require co-pays in California's public schools, nor should it require them for DDS services. Rather than assuming that parents are looking for a free ride, the DDS should acknowledge that most if not all families continue to overextend their time, energy and finances in support of their developmentally disabled family members.	Feb 7, 2011 11:24 PM
486	ability to pay; sliding scales	Feb 7, 2011 11:53 PM
487	Since this service is to provide the family with support they need in order to maintain their child's health and well-being, the family should not be held financially responsible for any portion of this support, unless, the parent is the consumer's representative payee and is using this money for things that do not pertain to the benefits and needs of the consumer.	Feb 8, 2011 1:09 AM
488	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 1:14 AM
489	Time commitment per hour as needed. Hourly training, or weekly training or training sessions based on the training.	Feb 8, 2011 3:50 AM
490	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here. No payment should be expected from these families. Raise my taxes! but don't charge a penny for these services.	Feb 8, 2011 4:19 AM
491	See number 5 above.	Feb 8, 2011 4:39 AM
492	Sliding scale co-pay.	Feb 8, 2011 4:42 AM
493	Ensure that the time commitment relates to the severity of the individual family.	Feb 8, 2011 5:23 AM
494	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here	Feb 8, 2011 5:37 AM
495	Absolutely no financial obligation on parents or consumers -- We are already struggling financially on one income. Any additional decrease in services / increase in co-payment would be disastrous for most families already struggling financially and unable to work while they care for disabled child.	Feb 8, 2011 5:38 AM
496	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 6:11 AM
497	co-payment should be minimal and based upon income level. no one in need should be refused services.	Feb 8, 2011 6:17 AM
498	No co-payments for low income consumers.	Feb 8, 2011 7:10 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
499	If a parent of a young child is employed and utilizes center based services (ie: Autism centers), the parent should fund the portion of these services in the same amount as the lowest cost daycare in the area. For example, a Kindercare (private daycare) costs substantially more than private home based daycare. The parent should be required to pay an amount consistent with the home based daycare services. A young child may attend the preschool through the school district; then, attend a center based Autism treatment for the remainder of the day. This is in leu of the parent paying for after school daycare, so they can fund part of the ASD services as daycare. This would only apply to parents who are working and would be paying for daycare services for a typical child.	Feb 8, 2011 9:02 AM
500	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 3:42 PM
501	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 4:28 PM
502	See Above	Feb 8, 2011 4:49 PM
503	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 5:54 PM
504	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 6:05 PM
505	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 7:58 PM
506	Work exchange, copays or time commitments could be useful, but many of these families are already strapped for time and money.	Feb 8, 2011 7:59 PM
507	Respite and summer camp should come with a co-pay.	Feb 8, 2011 8:54 PM
508	Parents should take care of their own children just like any other family would do but if the service is needed then I feel that parents need to provide information that would be useful for us to approve of disapprove.	Feb 8, 2011 9:01 PM
509	Require specific periods and duration on a yearly basis; families may vaive this benefit if not absolutely needed by a family member.	Feb 8, 2011 9:02 PM
510	Parents should be aware of these providers and monitor their acitivities.	Feb 8, 2011 9:12 PM
511	transportation	Feb 8, 2011 9:31 PM
512	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501) The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 8, 2011 9:39 PM
513	as is now	Feb 8, 2011 10:10 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
514	Parents should be paying a large portion of the fee for day care but this can be extremely prohibitive and make it difficult to pay other bills. The financial details should be assessed to work out how much the family can afford and would they benefit from having the fee for respite care hours or day care hours partially supplemented. From my own experience, this was a HUGE help. I would not be able to pay my mortgage and other bills, despite having a very good job, if regional center did not supplement what I pay for a care provider for my daughter.	Feb 8, 2011 10:47 PM
515	continue with FCPP	Feb 8, 2011 11:20 PM
516	Current co-payment is appropriate.	Feb 8, 2011 11:34 PM
517	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 8, 2011 11:57 PM
518	We shouldn't have a co-pay or time commitment, in the same way that public school parents don't.	Feb 9, 2011 12:18 AM
519	n/a	Feb 9, 2011 12:52 AM
520	Require some amount of payment, sliding or co-pay system.	Feb 9, 2011 12:58 AM
521	Answer: The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:29 AM
522	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 1:30 AM
523	same	Feb 9, 2011 2:28 AM
524	None	Feb 9, 2011 3:26 AM
525	see above	Feb 9, 2011 3:45 AM
526	Parents must not go over their allotted hours.	Feb 9, 2011 5:31 AM
527	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 5:43 AM
528	Parents to be involve of planning activities. no staying in the house, all need to be active.	Feb 9, 2011 6:15 AM
529	Timecommitment? I feel the parents would notify TCRC if they no longer need the service....I think!! And co-payment??? Yes...if needed, a small amount wouldn't be to bad, $5, or $10, $15	Feb 9, 2011 7:22 AM
530	co payment for minors and adults, time limited and for extreme cases where all other options have been exhausted.. such as behavior trainings	Feb 9, 2011 8:19 AM
531	Parents cover entire cost. There's not enough money for this & it will not affect families nearly as much as most all other proposed cuts.	Feb 9, 2011 8:55 AM
532	Bi-weekly payment would be great but yet at the same time more administrative work on the family side.	Feb 9, 2011 4:03 PM
533	1. Parents who have limited income and resources should not have a co-pay. Given the increased cost of caring for a child with a disability, the income and resource limit which exempts parents from payment must exceed the federal poverty guidelines. 2. DDS is encouraged to identify when it is appropriate to require consumers to use funds that are maintained in a trust.	Feb 9, 2011 5:38 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
534	There should be a co-payment for Respite and Day Care. This service should not be for full cost, should only be an additional amount to address the DD.	Feb 9, 2011 6:38 PM
535	100% committment from parent	Feb 9, 2011 7:09 PM
536	N/A	Feb 9, 2011 7:24 PM
537	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 7:59 PM
538	The State of California has accepted responsibilities for persons with developmental disabilities and an obligation to them that must be discharged (Laterman Act Sec. 4501).	Feb 9, 2011 9:18 PM
539	(Same as stated in response to "Living Supports")	Feb 9, 2011 9:35 PM
540	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 9, 2011 9:50 PM
541	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act 4501) The state does not ask parents and students for co-pays in California’s public schools and the same logic applies here.	Feb 9, 2011 10:09 PM
542	in my experience, most parents are already paying way above and beyond the very minimal respite supplemental income, which is in essence, a co-payment	Feb 9, 2011 10:18 PM
543	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 10:44 PM
544	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 9, 2011 10:54 PM
545	None	Feb 9, 2011 11:35 PM
546	Parents should help if they are able.	Feb 9, 2011 11:40 PM
547	No co-payments	Feb 9, 2011 11:48 PM
548	These standards already exist at levels that many families cannot bear; (for adult services like day programs) these services are provided to adults, nearly all of whom qualify for public assistance and should not have to pay.	Feb 10, 2011 12:04 AM
549	Co-pay for all services at the level of local babysitting and daycare rates.	Feb 10, 2011 12:24 AM
550	No co pay for parents	Feb 10, 2011 12:53 AM
551	A co-payment could be appropriate, but inability to pay should not preclude receiving the service.	Feb 10, 2011 1:04 AM
552	parents must be consistent and respect the policies of the respite caregiver for them to continue the services they are receiving.	Feb 10, 2011 3:35 AM
553	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 8:10 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
554	It depends on how difficult to take care of this person. As a parents, they should be able to select person to take care of their kids. The person who got selected must know the kid very well. Payment may based on a weekly basis or biweekly. It depends on the agreement between parents and the consumers.	Feb 10, 2011 8:42 PM
555	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 10, 2011 9:34 PM
556	The Lanterman Act, in Sections 4648 (a) (5) and 4690 requires the Director of the Department of Developmental Services to develop and maintain equitable processes for setting rates to assure that Regional Centers can secure high quality services for persons with developmental disabilities. The Director should comply with these laws.	Feb 10, 2011 10:04 PM
557	There would be a time allotment for each family for each foster child per month.	Feb 10, 2011 10:33 PM
558	State Funded/ Insurance Companies	Feb 10, 2011 11:36 PM
559	Parents have enough to deal with...	Feb 10, 2011 11:49 PM
560	See above	Feb 11, 2011 12:18 AM
561	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 12:28 AM
562	Not everyone has a family that can offer any support or financial assistance. this has no role in any of this.	Feb 11, 2011 12:44 AM
563	Parents who make a certain amount of money should not qualify for respite and/or have to pay a higher co-payment regardless if their child is on Medicaid Waiver.	Feb 11, 2011 1:26 AM
564	Parents should have a block of hrs. based on their needs to use how they need to. Co pays should only happen if a family can truly afford it	Feb 11, 2011 1:30 AM
565	The State of California has accepted a responsibility for persons with developmental disabilities (both mental and Physical) and therefore an obligation which it must discharge (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California public schools and should not ask individuals who have the least resources to pay, let alone survive, to pay.	Feb 11, 2011 3:25 AM
566	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 5:12 AM
567	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 5:23 AM
568	co-pay would not be a problem to us.	Feb 11, 2011 5:32 AM
569	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 5:46 AM
570	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
571	Parents need to parent, and not expect to be paid to do so, regardless of how "difficult" their child(ren) might be. However; respite is good for everyone...a night out once in a while is good for everyone. (The parents and the child(ren).	Feb 11, 2011 6:31 AM
572	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:36 AM
573	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 6:48 AM
574	See above	Feb 11, 2011 7:56 AM
575	Payment for respite only. Families must use respite money to pay for respite services.	Feb 11, 2011 8:30 AM
576	Respite workers who have experience and training on ways to deal and help kids with disabilities and for the local agencies providing respite to make sure their workers have this background. For the families to may only have partial coverage from the state with respite, Payments should be made within a certain time period (a few weeks probably).	Feb 11, 2011 1:09 PM
577	If parents can afford it, they should pay	Feb 11, 2011 5:07 PM
578	if family wants more hours than the max., they should be responsible for paying a portion, perhaps 50% of the hourly rate.	Feb 11, 2011 6:04 PM
579	The State of California responsibility for payment and The state does not ask parents and students for co-pays.	Feb 11, 2011 6:13 PM
580	There should be a time limit to how a a person have have respite. I have no suggestion of how long.	Feb 11, 2011 6:18 PM
581	No comment	Feb 11, 2011 6:33 PM
582	They must be involved %100 all the timeN	Feb 11, 2011 6:59 PM
583	follow up recommendations	Feb 11, 2011 7:26 PM
584	Should be covered by the Regional center. Not my fault I have to get an advocate.	Feb 11, 2011 7:34 PM
585	Parent's should be responsible based on their income.	Feb 11, 2011 8:01 PM
586	Most parents cannot pay for those services and for most parts we as parents already supplying what our children needs. We are responsible as it is for our loved ones.	Feb 11, 2011 8:11 PM
587	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
588	Respite is something that should be provided by someone out side of the family. Family members should not be getting paid to provide respite care to their own family member with a disability. Respite is for the FAMILY to have "respite". There is a lot of visible fraud in this area	Feb 11, 2011 8:55 PM
589	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 9:48 PM
590	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 9:49 PM
591	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 9:49 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
592	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 9:54 PM
593	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 9:54 PM
594	None	Feb 11, 2011 9:54 PM
595	regularly report system	Feb 11, 2011 9:56 PM
596	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 9:56 PM
597	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 9:58 PM
598	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:05 PM
599	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:15 PM
600	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:19 PM
601	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:21 PM
602	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:23 PM
603	There must be a parent training component in this as well on at least a weekly basis and with a "homework" assignment. Again, if the parent is not working on this outside of the time in the program, skill acquisition and generalization will be minimal at best.	Feb 11, 2011 10:32 PM
604	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:37 PM
605	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:39 PM
606	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 10:44 PM
607	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 11, 2011 10:45 PM
608	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 11:01 PM
609	Refer to 3 & 5.	Feb 11, 2011 11:11 PM
610	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 11, 2011 11:35 PM
611	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 12, 2011 12:03 AM
612	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 12, 2011 12:19 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
613	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 1:20 AM
614	no co-payment	Feb 12, 2011 1:47 AM
615	I believe that these parents usually should pay a co-pay - unless they are military or make under a certain amount a year. For some people, any amount would be a hardship. Parents of disabled children never get a break -they need it more than anyone.	Feb 12, 2011 2:50 AM
616	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 3:41 AM
617	It should be based on income , but also money that is expended in meeting their childs needs to figure out if they are able to participate in the payment of their respite services.	Feb 12, 2011 3:47 AM
618	Parents must use hours appropriately.	Feb 12, 2011 4:05 AM
619	on sliding scale as per Family Cost Participation program	Feb 12, 2011 4:14 AM
620	I don't think respite should be reduce or taken away from families. My respite hours have been reduce 3 times within the last two years. It's unfair that our benefits are being taken away and yet nothing is being done about welfare/food stamp recipients.	Feb 12, 2011 5:08 AM
621	Parents should be involved in finding the worker for their child.	Feb 12, 2011 6:22 AM
622	There is already adequate paperwork required to document the hours, etc. I don't think we need more.	Feb 12, 2011 6:50 AM
623	Only if they are able easily. Most are already stretched by medical, behavior, etc. expenses.	Feb 12, 2011 6:55 AM
624	Co-payments on a sliding scale should be expected when able.	Feb 12, 2011 8:08 AM
625	based on income	Feb 12, 2011 1:57 PM
626	Any hours beyond the given hours, is the user's responsibility .	Feb 12, 2011 4:07 PM
627	Parents will provide co-payment in excess of $12 per hour. Time commitment should be maximum hours as provided by law and needs of the client.	Feb 12, 2011 4:51 PM
628	support	Feb 12, 2011 5:10 PM
629	I don't see a problem with having parents who are financially able to provide some of the payment. It could be a sliding scale based on income, so those who can't afford it can still get the services.	Feb 12, 2011 5:55 PM
630	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here	Feb 12, 2011 6:13 PM
631	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 6:25 PM
632	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 12, 2011 7:16 PM
633	This servie should have the same standards as it requires for the younger ones.	Feb 12, 2011 7:24 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
634	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here	Feb 12, 2011 8:32 PM
635	co-pay	Feb 12, 2011 8:33 PM
636	none	Feb 12, 2011 9:06 PM
637	Whenever and wherever possible, parents and families could assist in this endeavor.	Feb 12, 2011 9:30 PM
638	Like I wrote above, I totally disagree for any co-payments, parents already working 24 hours per day with their disable kid and can't make a bunch of money	Feb 12, 2011 10:02 PM
639	Payment according to what parents can provide, taking into consideration whether a 1 or 2 income family.	Feb 12, 2011 10:21 PM
640	Parents hold the responsibility for food and activity monies, if desired, during respite. Once insurance companies are required to pay for behavior services, therapeutic respite could be a co-funded service.	Feb 12, 2011 10:22 PM
641	No copayment	Feb 12, 2011 11:59 PM
642	completing the paperwork	Feb 13, 2011 12:25 AM
643	I already am reduced because of ability to pay. A co-pay if low would be acceptable.	Feb 13, 2011 3:39 AM
644	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 13, 2011 3:48 AM
645	Parents are responsible on reporting and giving their opinion on how serivces benefitted them	Feb 13, 2011 5:40 AM
646	Ask them to help you make a plan about the commitment and co payment	Feb 13, 2011 6:10 AM
647	Families of children with disabilities typically have increased expenses for everything from special clothing, transportation to therapies and doctors, childcare for other children while attending to their child with disabilities, medications, co-pays for therapies, etc. So, ideally no co-pay but at the most, for children under 12, sliding scale co-payment consistent with standard babysitting rate.	Feb 13, 2011 8:11 AM
648	As previously stated.	Feb 13, 2011 8:18 AM
649	At least 1 hour must be used every month or the coverage will be terminated after 3 months of non-usage. Co-payment is at most 50% of the actual cost and is determined by a household income dependent scale.	Feb 13, 2011 10:36 AM
650	No co-payments. No regulation of parents and consumers.	Feb 13, 2011 6:02 PM
651	it would be nice if the consumer can inquire about their respite services online in terms of the contract hours, time sheets. right now the consumer would have to call a specific number to inquire about the contract/services,	Feb 13, 2011 6:19 PM
652	Individualized. Answered previously.	Feb 13, 2011 6:32 PM
653	keep the current standards	Feb 13, 2011 7:15 PM
654	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 13, 2011 7:18 PM
655	none	Feb 13, 2011 8:30 PM
656	Co-payment from family.	Feb 13, 2011 9:19 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
657	copayment if possible	Feb 13, 2011 10:22 PM
658	no copayment	Feb 13, 2011 10:28 PM
659	Should depend on family member or caregivers income as to what percentage should be the responsibility of the caregiver.	Feb 13, 2011 11:55 PM
660	Sliding scale as suggested above. Establish 'cooperatives', facilitate communication, contact with other families. Sponsor work shops, 'skull' sessions, etc.	Feb 14, 2011 12:19 AM
661	The whole point of respite, child care, and adult day care is that someone *other* than the parent is caring for the individual with a developmental disability; therefore, parent participation negates the service. Likewise for co-payment -- if the parent has to pay for the service, they are not really receiving "respite." As to co-payment for parent training or advocacy, the implementation of a cost for this service would only result in those who need it most foregoing it. If we want parents to become more knowledgeable about the needs and rights of their child, we cannot make them pay for the access. As to time commitment, since the point of each of these services is to assist and support parents -- to give them a break -- exactly what time commitment on their part would even make sense?	Feb 14, 2011 1:23 AM
662	If it was a choice between respite with a co-pay (fee should be based on amount of hours and not just a set fee, should be wiaved for low-income or SSI recepients & monthly based, not per day) or no respite, I'd take the co-pay. The current system does not offer this, it's minimal hours or none or pay for your own respite. I can't afford to pay, but I make too much money to qualify for low-income. They don't offer a program with a co-pay which would give me the option to still participate in respite, but not break the bank.	Feb 14, 2011 1:58 AM
663	If they can help, great. Means testing.	Feb 14, 2011 1:58 AM
664	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 14, 2011 2:01 AM
665	see above	Feb 14, 2011 2:48 AM
666	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 3:28 AM
667	NO CO-PAY	Feb 14, 2011 3:47 AM
668	Parents and consumers should be diligent about filling out the paperwork and submitting them on time.	Feb 14, 2011 4:48 AM
669	Should be a co=payment	Feb 14, 2011 5:10 AM
670	This is the one service provided that I believe the family can most likely share some responsiblity in a co-payment, with a sliding scale based upon income. Those families with the lowest income should be exempt from the co-payment, but all families receive the same amount of service.	Feb 14, 2011 6:16 AM
671	28 hours a month.	Feb 14, 2011 9:08 AM
672	no co pays	Feb 14, 2011 2:46 PM
673	Parent needs to ensure that they are leaving their child in capable hands.	Feb 14, 2011 4:14 PM
674	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 4:18 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
675	The parents and consumers need to communicate and work with organizations providing the services. They should provide important information, be clear with the schedule, provide any co-payments, and educate the provider about the consumer's disability.	Feb 14, 2011 4:34 PM
676	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 4:35 PM
677	Involved in seleciton of respite employee	Feb 14, 2011 4:48 PM
678	as above	Feb 14, 2011 5:00 PM
679	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 5:09 PM
680	co payment as each family could do.	Feb 14, 2011 5:24 PM
681	Should be based on income if at all. Most parents are unable to work due to the intense needs of their childrens diagnosis. These standards should be closely implemented, so that a financial burden for a much needed service is not created. Also if we are to provide true respite care, created a payment plan might defeat the purpose of a true break. Bills can add a level of stress even if it does not cause a financial burden.	Feb 14, 2011 5:26 PM
682	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:36 PM
683	I reallly, really have a problem with paying parents to take care of their own person!! Why are we paying them to wash their person's clothes? Come on!! When I first started in the field, we did not pay them., I'm not sure when this came about, but it is sad, no wonder we have no money!! I had one mother tell me she got 1200 per month to take care of her son, that was her income!! Plus she got the 800 because he was disabled!! We had him 5 days per week for 8 hrs. He was in the hospital one time for 3 weeks, when I asked the IRC person about this, because the mother did not have him at home and why should she be paid for that time!! I was told oh that is a good question!! I'm sure thats as far as it went!! Mother was driving a new car!! Guess what my staff did not make that much at times. As Chief Adm., I did not drive a new car!!	Feb 14, 2011 5:39 PM
684	See above	Feb 14, 2011 5:54 PM
685	Utilize private insure if available to supplement	Feb 14, 2011 6:11 PM
686	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:15 PM
687	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:16 PM
688	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:21 PM
689	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays inCalifornia's pubic schools and the same logic applies here.	Feb 14, 2011 6:31 PM
690	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays inCalifornia's pubic schools and the same logic applies here.	Feb 14, 2011 6:32 PM
691	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:32 PM
692	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:34 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
693	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:38 PM
694	28-hours a month.	Feb 14, 2011 6:44 PM
695	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 6:59 PM
696	Parents should be responsible for their own children as others without disabilities fund for the services of their own children. Entitlement needs to come to an end in many of RC services. This has caused everyone to take advantage of the system that was put in place.	Feb 14, 2011 6:59 PM
697	there are usually many fees invoved with a child with disabilities and a huge time commitment already	Feb 14, 2011 7:03 PM
698	28 hours a month.	Feb 14, 2011 7:07 PM
699	Parnets should provide for service and pay if needed.	Feb 14, 2011 7:08 PM
700	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 7:11 PM
701	CA is responsible for people who have developmental disabilities and needs to be responsible.	Feb 14, 2011 7:29 PM
702	Sliding scale of share of cost that is already in place is reasonable, with the exception that there should be no cap on share of cost.	Feb 14, 2011 7:30 PM
703	the state of CA has accepted a responsibility for persons with developmental desabilites and an obligation to them which it must discharge - lanterman act section 4501. the state does not ask parents and students for co-pay in california's public schools and the same logic applies here.	Feb 14, 2011 7:32 PM
704	The State of CA has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must not discharge (Lanternam Act 4501) The state does not ask students to pay for copays, same logic applies here.	Feb 14, 2011 7:37 PM
705	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 7:51 PM
706	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 9:03 PM
707	Parents must Provide signed form from provider.	Feb 14, 2011 9:05 PM
708	If the child needs the services, they should be provided to the child, regardless. The child shouldn't suffer. The parents should pay a co-pay - if it is resonable ($15.00 per visit/Kaiser co-pay). And the parent should make and keep all appointments, and have training so that time at home/alone can be spent with the parents helping the child meet/achieve goals.	Feb 14, 2011 9:13 PM
709	Families are required to verify hours worked and obtain a signature of the person providing the respite.	Feb 14, 2011 9:33 PM
710	N/A	Feb 14, 2011 9:42 PM
711	As determined by State of California	Feb 14, 2011 10:02 PM
712	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM
713	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 14, 2011 10:25 PM
714	Parents should be responsible for some sort of payment of these services.	Feb 14, 2011 10:31 PM
715	commit their time to make sure child is benefiting.	Feb 14, 2011 10:55 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
716	This is the area the parents co-payment could be in sliding scale. Parents pay $10-15 for baby sitter so they can pay $5/hour or so for respite care depending of their income.	Feb 14, 2011 11:03 PM
717	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 14, 2011 11:12 PM
718	I support families contributing to the care of their dependent children, of all ages, on an equitable sliding scale	Feb 14, 2011 11:38 PM
719	Parent should be responsible for any overage used, or for not notifying provider if the services are not needed that day. PT employees must be paid for 2 hours or 1/2 of their shift if they come to work and were not given proper notification of a canceled shift- the parents should be responsible for this time.	Feb 14, 2011 11:51 PM
720	Parents should be able to select the respite provider based on knowledge and reassurance about the individual	Feb 15, 2011 12:04 AM
721	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 12:21 AM
722	Co-pay based on family income.	Feb 15, 2011 1:07 AM
723	28 hours a month.	Feb 15, 2011 1:07 AM
724	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 15, 2011 1:16 AM
725	The state of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The Lanterman Act Section 4501. The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 1:43 AM
726	28 hours a month.	Feb 15, 2011 1:43 AM
727	There is a co-pay for respite and day care for minors already in place and this has been increased since it began. I would not impose a co-pay for adults unless it was applied to all RC services such as an annual fee for all consumers.	Feb 15, 2011 1:45 AM
728	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 1:49 AM
729	this is respit can't cut these services for families to stay sane and able to provide further care by the fsmil	Feb 15, 2011 1:57 AM
730	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 1:57 AM
731	This seems to be irrelevant since the type of service is driven by parent request.	Feb 15, 2011 2:06 AM
732	Use all hours of respite	Feb 15, 2011 2:06 AM
733	survey/score satisfaction.	Feb 15, 2011 2:08 AM
734	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 2:39 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
735	Again, most parents are under financial pressure because of the extra expenses necessitated by caring for an adult with special needs while being unable to work FT outside the home because of the many hours of care required by their adult child. No time committment by the parent-this is to give them a break from caring for their adult with special needs.	Feb 15, 2011 2:49 AM
736	unsure	Feb 15, 2011 2:53 AM
737	Parents should only receive this service for their son or daughter if the consumer has been evaluated by a doctor and the doctor says they really need the extra help.	Feb 15, 2011 2:57 AM
738	When the service need is agreed upon by the IT & circle of support, an obligation of both the consumer and parent(s) to participate responsibly and with due diligence is vital. Co-payments should be based upon the discretionary funds available to the financially responsible party(ies). Again, particular attention to the ABSOLUTE necessity of these services is crucial to minimize misuse of service.	Feb 15, 2011 3:15 AM
739	some co-payment	Feb 15, 2011 3:17 AM
740	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 3:23 AM
741	Sliding scale	Feb 15, 2011 3:32 AM
742	sliding scale; with exception to expenses already realized for 24/7 care	Feb 15, 2011 3:33 AM
743	See the Lanterman Act!!	Feb 15, 2011 4:10 AM
744	As stated in our previous comment, these services are vital. Co-payments are a viable means to offset the costs of these vital programs, however, caution must be exercised when setting the payment amount. A flat fee will punish the poorest members of society and dissuade them from using these services. The middle class should not have to bear the entire brunt of the offsets either. California is an expensive state to live in. A W2 statement is an inadequate means of determining ability to pay. Parental involvement is essential to the success of a disabled child. By the same token, parental education is equally important to a solution.	Feb 15, 2011 4:18 AM
745	i would be happy to have a co-payment	Feb 15, 2011 4:34 AM
746	We already pay extra money to keep respite workers that we feel are well qualified for the needs of our adult some.	Feb 15, 2011 4:40 AM
747	HAVE PARENTS SIGN AN UNDERSTANDING/AGREEMENT TO CO-PAYMENT, TIME COMMITMENT, ETC.	Feb 15, 2011 5:17 AM
748	The parents should be legally responsible for using the money toward respite for the disabled child.	Feb 15, 2011 5:32 AM
749	No co-payment.	Feb 15, 2011 5:39 AM
750	There should be a co-payment for those families making over $100k a year, and beyond that a sliding scale. No co-payment for families making under $100k a year.	Feb 15, 2011 5:41 AM
751	see comments on Behavior services	Feb 15, 2011 5:42 AM
752	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:10 AM
753	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 6:35 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
754	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (Lanterman Act Section 4501). The state does not ask parents and student for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:41 AM
755	Again, I am talking about moderate to severe autism...the co pay is another burden imposed on drowning families.	Feb 15, 2011 9:04 AM
756	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
757	Co-payment exists for additional children in home whose care is also provided for. To qualify for services, one must be in a situation in which one truly needs the service, or they wouldn't qualify to begin with.	Feb 15, 2011 12:49 PM
758	modest co-pay acceptable	Feb 15, 2011 1:53 PM
759	Parents should have timesheets ready.	Feb 15, 2011 2:44 PM
760	None we already pay taxes	Feb 15, 2011 3:18 PM
761	Parenst would have a co-pay based upon income. They would also be responsible to show they are privately purchasing, prior to respite services being provided.	Feb 15, 2011 4:07 PM
762	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 4:09 PM
763	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 4:28 PM
764	Make sure this service benefits the consumer as well as the parent.	Feb 15, 2011 5:13 PM
765	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:07 PM
766	Participation.	Feb 15, 2011 6:18 PM
767	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:32 PM
768	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 15, 2011 6:40 PM
769	DON'T CHANGE ANYTHING!!! This area has been hit TOO HARD over the past few years and families need their respite!!! If FCPP needs to stay in place, it needs to be changed to 500% of Federal Min. Poverty level when people live in higher cost living areas like Ventura and Santa Barbara counties!	Feb 15, 2011 6:44 PM
770	Parents shouldn't have to pay for this service unless they are very wealthy. Then maybe they should have a co-payment.	Feb 15, 2011 7:01 PM
771	I wish we had the choice of selecting who we wanted	Feb 15, 2011 7:01 PM
772	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 15, 2011 7:01 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
773	Families should be expected to provide the same level of support for their children with developmental disabilities as they do for their children without disabilities.	Feb 15, 2011 7:03 PM
774	see before	Feb 15, 2011 7:04 PM
775	required co-pay	Feb 15, 2011 7:20 PM
776	Document the respite care providers time/payments to prove that the respite funds are being used appropriately.	Feb 15, 2011 7:24 PM
777	The respite is meant to provide support and help when a family needs it, not burden them with more financial responsibilities.	Feb 15, 2011 7:40 PM
778	There cannot be a specific co-payment because there are many families that barely can make ends meet and there cannot be a time commitment because it all depends on the family's needs.	Feb 15, 2011 8:22 PM
779	Co-pay is fine, consider instituting a bartering/time sharing option for families who may not have funds but could assist the agency through volunteering or help families help each other through trading cooperative child care respite.	Feb 15, 2011 8:36 PM
780	should be considered on a case by case basis	Feb 15, 2011 8:43 PM
781	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. The state does not ask parents and student for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 9:01 PM
782	100% covered by the state	Feb 15, 2011 9:15 PM
783	I think the FCPP should apply to respite I think the 90 hours/quarter max is fair for most families	Feb 15, 2011 9:15 PM
784	Co payment to families	Feb 15, 2011 9:20 PM
785	As needed on an individual basis	Feb 15, 2011 9:29 PM
786	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 15, 2011 9:40 PM
787	CO PAYMENT SHOULD BE ON SLIDING SCALE	Feb 15, 2011 9:41 PM
788	When services will be provided and granted regardless of income level of parents the responsibilites of parents and consumers should have active participation including time commitment with co-payment (minimal) to ensure families do not decline needed services.	Feb 15, 2011 9:46 PM
789	Parents and family members already perform many responsibilities in supporting and advocating for their family members, as well as caring for them. No additional burden should be placed on families.	Feb 15, 2011 9:49 PM
790	Parents should be concient about the services their children are received and not to be taking for granted.	Feb 15, 2011 10:17 PM
791	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays in California’s pubic schools and the same logic applies here.	Feb 15, 2011 10:33 PM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
792	Time commitment is determined beforehand. The volunteer is told about any requirements while being trained. They can visit weekly and for a predetermined time period (e.g., not more than an hour so as not to tire the patient). Or they can visit less often, but still on a regular basis. They can send cards or notes inbetween visits or phone them. Rules about giving out the volunteer's phone or address would have to be predetermined. E.g., a note could be sent without a return address. Sometimes the person might want extra services, like asking someone to buy items for them at the store. A policy should be established about additional services, if any.	Feb 15, 2011 10:35 PM
793	Families would be required to fund a portion of their respite (co-pay) similar to day care. Regional center can consider a supplement to fund needs requiring care above and beyond a typically developing child.	Feb 15, 2011 10:59 PM
794	parent's timecommitment to spend the rest of time with children of special needs	Feb 15, 2011 11:02 PM
795	same as now. FCPP in place. Parents/care givers to arrange the respite for consumers.	Feb 15, 2011 11:03 PM
796	Sliding scale but modest co-payment above low income cut-off.	Feb 15, 2011 11:09 PM
797	If the family can afford it, then co-paying is fine. Many families are already drained by all the struggles involved.	Feb 15, 2011 11:14 PM
798	no more than 30 hours per month respite and no more than 100 hours per month of day care (no exceptions!).	Feb 15, 2011 11:27 PM
799	The consumers shouldn't need to pay nor the parents but, if the parents don't complete the program, there should be a requirement of them to pay for using resources and not completing the training.	Feb 15, 2011 11:28 PM
800	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California 's pubic schools and the same logic applies here.	Feb 15, 2011 11:37 PM
801	Yes, there is a great responsibility that you turn in paperwork on time.	Feb 15, 2011 11:38 PM
802	Parents need to be responsible for Day Care- They chose to have children and need to be responsible for the cost of day care if they cannot supervise their children during non-school hours. Respite needs to be standardized and Employer of Record needs to be implemented across the board. Need to eliminate Parent Vendored Respite	Feb 15, 2011 11:40 PM
803	The state of CA has accepted a responsibility for persons with developmental disabilities and an obligation to them, which it must discharge. The state does not ask parents and students for co-pays, nor should it ask parents and consumers of these services.	Feb 15, 2011 11:42 PM
804	copayment for financially stable families	Feb 15, 2011 11:53 PM
805	Parents have already paid for it, so the Regional Center or Government	Feb 16, 2011 12:19 AM
806	Consumers required to be in afterschool care a min of 2 hours per attended day. Parents will be responsible for 10% co-pay of allotted hours.	Feb 16, 2011 12:30 AM
807	Parents (or other appropriate family)who can be Conservators should be. Parents (or ther approrriate family) who can be should be Service Coordinators.	Feb 16, 2011 1:22 AM
808	Our child requires 100% care and the 90 hour-per-quarter cap on respite that was put into effect after the 2009 budget cuts already falls short of our needs. We pay out-of-pocket for the additional hours. In addition, we already supplement the rate paid by PacificHome Care in order to fairly compensate our respite worker.	Feb 16, 2011 1:26 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
809	Recently the state took an adapted approach with respite care and introduced the sliding income scale for respite care. This was a low blow to the parents again. My husband makes good money but believe me we spend it all on medically necessary treatments for our son. When asked I can provide the billing amounts and the income amounts and it is obvious that we have little or no money left. Yes we filed for bankruptcy because of the medical expenses. We still lost all our respite too because he makes too much money on our taxes. They would not even consider lowering our income by the amounts needed for Speech and Language, Occupational Therapy or ABA/Behavioral health therapies. This needs to change.	Feb 16, 2011 1:41 AM
810	I am really not sure what to suggest, but because I have not received much "respite" lately, my brain is really not working to help come up with solutions or service standards....I am just plain tired!	Feb 16, 2011 1:53 AM
811	Parents need to report any issues to the Regional Center so the center can deal with them promptly. Parents already have a huge time commitment and respite care may be the only time they have for themselves. If it becomes necessary for parents to provide some portion of the cost of resite care it should be based on abiltiy to pay. If they can't afford to pay they should not have to pay, This would be decided based on income and information from the social worker.	Feb 16, 2011 1:54 AM
812	see Lanterman Act	Feb 16, 2011 2:21 AM
813	TIME COMMITMENT	Feb 16, 2011 2:21 AM
814	I think the parent should be responsible to pay the respite worker up front. I think that is fair for the respite worker, unless going through an agency who does billing services. Then, the reimbursement should come to the parent from state / government AND insurance companies.	Feb 16, 2011 2:31 AM
815	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all	Feb 16, 2011 2:45 AM
816	parents/care givers should be responsible for reporting service issues to DDS and/or regional center staff.	Feb 16, 2011 2:52 AM
817	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's public schools and the same logic applies here.	Feb 16, 2011 3:06 AM
818	Current arrangements are appropriate.	Feb 16, 2011 3:09 AM
819	Currently SARC has set hourly rate, so family member has been compensated the difference.	Feb 16, 2011 4:01 AM
820	Copays for higher income families	Feb 16, 2011 4:06 AM
821	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California’s public schools and the same logic applies here.	Feb 16, 2011 4:48 AM
822	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 5:07 AM
823	open	Feb 16, 2011 5:22 AM
824	Some co-payment	Feb 16, 2011 5:32 AM
825	The state of Calif accepted a responsibility for persons with developmental disabilities and has an obligation to keep its promise Lanterman Act sect 4501	Feb 16, 2011 5:35 AM

6. Suggested service standards about the responsibilities of parents and

	Response Text	
826	Base hours of respite on the hours of care provided by the caregiver - i.e. 24 hours of care for every 2 hours of respite.	Feb 16, 2011 5:48 AM
827	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Action Section 4501). The state does not ask parents and students for co-pays in California public schools and the same logic applies here.	Feb 16, 2011 5:53 AM
828	I agree with the current system of sliding scale, with parents sharing cost based on income.	Feb 16, 2011 6:15 AM
829	The State of California has accepted a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. (The Lanterman Act Section 4501). The state does not ask parents and students for co-pays in California's pubic schools and the same logic applies here.	Feb 16, 2011 6:18 AM
830	Parents receiving respite services more than 20 hours/month should be required to attend occassional training session or support group for parents of children with special needs, to demonstrate their committment to learning about their child's disability, or to ensure that they are getting the support and resources that they require.	Feb 16, 2011 7:06 AM
831	If families are capable	Feb 16, 2011 7:20 AM
832	None.	Feb 16, 2011 7:48 AM
833	No co pays should be imposed. The families are stretched thin regardless of their income. It costs a lot to live in California and many families are living in homes bought at the height of the market. They cannot sell and move to a cheaper place. They will have to choose between a home and their family member. An almost impossible choice. Respite should be universal.	Feb 16, 2011 7:55 AM
834	co-pay, fcpp for everyone	Feb 16, 2011 7:59 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
1	This should be outside of that, Medical Equipment or therapies should be self-directed	Jan 28, 2011 1:14 AM
2	goals and objectives, consumers specific expression of needs	Jan 28, 2011 1:21 AM
3	INDIVIDUAL CHOICE BUDGET WAS PASSED LAST YEAR AND NOT YET IMPLEMENTED.	Jan 28, 2011 1:34 AM
4	Respite and Day Care should come under self-directed services. Camp should be a separate service similar to a clinical service.	Jan 28, 2011 1:39 AM
5	Allow self directed services overall! Parents need to retain control and cut out the middle man!	Jan 28, 2011 1:44 AM
6	self-directed.	Jan 28, 2011 2:18 AM
7	no self determination	Jan 28, 2011 2:20 AM
8	Parents should be allowed to choose their own respite workers, provided they have a background check on file.	Jan 28, 2011 2:33 AM
9	cancel all services	Jan 28, 2011 2:38 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
10	Currently, the Regional Center uses a voucher system as an option to pay for Respite Care, along with the Parent Conversion option, and the Agency Option. The voucher pays about $10.50 per hour, Parent Converstion pays about $13.50, and Agency Respite pays about $18.00 per hour. I do not have the figures in front of me, so I may not be that accurate, but I believe there are 18000 Respite vendors, but only 2000 of them are agencies. That means that the regional center is paying about 16000 individuals to deliver respite care. I am guessing that the utilization for the services is going to be in the mid 90%, where as the utilization for agency respite is about 85%. A consumer can submit a voucher with no fear of an audit, or someone doing a check to determine if the services are being used. There is no coincidence that the usage of the voucher is higher than agencies. The other problem with the voucher system is the liability to the State. The home care industry who provides the bulk of the agency respite is being attacked over wage and hour issues including meal and break time. If these plaintiff attorneys ever got wind of how this voucher system works, I guarentee that they will bring a very large class action suit against the state, and try and prove the state is a co-employer. I am not an attorney, but I am aware of the aggressive nature of this group of attorneys. A very large non profit regional center provider was involved in one of these class action suits, and settled for over $500,000. I strongly suggest that the voucher system be eliminated and consumers be required to use a Parent Conversion Agency. I believe you will see a reduction in utilization, along with the liability being shifted away from the state.	Jan 28, 2011 2:43 AM
11	I don't know about this, sorry.	Jan 28, 2011 3:20 AM
12	The client should determine their own activities as much as possible in order to get the most benefit.	Jan 28, 2011 3:22 AM
13	usually requested by the parent	Jan 28, 2011 3:22 AM
14	Parents should have the option of in home and out of home respite.	Jan 28, 2011 3:37 AM
15	Lanterman Act. Needs of the consumer as written in the IPP	Jan 28, 2011 3:46 AM
16	Show me a parent of an autistic child, and I will be looking at a person who needs respite. Whatever other option is there?	Jan 28, 2011 4:04 AM
17	Not sure what this means.	Jan 28, 2011 4:14 AM
18	?	Jan 28, 2011 4:24 AM
19	P L E A S E!!!!!!!!	Jan 28, 2011 4:41 AM
20	NONE, this is a flawed serve model	Jan 28, 2011 4:58 AM
21	I would love this	Jan 28, 2011 5:04 AM
22	As necessary.	Jan 28, 2011 5:59 AM
23	This is really not applicable.	Jan 28, 2011 6:23 AM
24	No comment	Jan 28, 2011 6:38 AM
25	NONE	Jan 28, 2011 6:55 AM
26	Work with faith-based communities to find respite workers within the person's faith group --more likely to be honest, and have a longer relationship. Maybe create a volunteer corp to help extend the paid hours into unpaid hours	Jan 28, 2011 7:23 AM
27	Apply, Do a screening to make sure the patient is qualified for service!	Jan 28, 2011 7:31 AM
28	Respite should be offered based on need, recognizing the cost effectivenes of keeping people in their family home. Levels and hours of support will vary based on each persons situation. Most may not require any respite at all, prefering to include family members in all family activities. Other require support to keep their jobs and their sanity. Flexibility and advocacy should prevail.	Jan 28, 2011 7:41 AM
29	Allow parents to have choice in selecting their respite program that best fits their needs.	Jan 28, 2011 8:25 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
30	Let families choose if they need this option	Jan 28, 2011 5:06 PM
31	Not sure	Jan 28, 2011 5:08 PM
32	Allow self directed services overall! Parents need to retain control and cut out the middle man!	Jan 28, 2011 5:10 PM
33	??	Jan 28, 2011 5:16 PM
34	This will not save money unless the State plans on purposefully cheating people.	Jan 28, 2011 5:31 PM
35	N/A	Jan 28, 2011 5:31 PM
36	Parent vendors or self directed services would lead to massive fraud.	Jan 28, 2011 5:57 PM
37	*offer a wide enough menu of choices that my son can chose for himself what his respite looks like -- not everyone wants to spend their off-hours the same way	Jan 28, 2011 6:01 PM
38	A self-directed amount will not be spent in a fiscally responsible manner; individuals for whom generic resources are sufficient would be able to pay for some or all of their care at taxpayer expense.	Jan 28, 2011 6:09 PM
39	The amounts should increase, not decrease, from what they currently are.	Jan 28, 2011 6:26 PM
40	Families should be able to determine or help determine if they need these services. In addition, they should be able to choose the vendor that will provide them.	Jan 28, 2011 6:44 PM
41	should the family request it, they should receive it	Jan 28, 2011 6:52 PM
42	self directed with limits	Jan 28, 2011 6:54 PM
43	Income scaled co-payment	Jan 28, 2011 7:04 PM
44	equality for all rcrc clients	Jan 28, 2011 7:06 PM
45	Self-determination is not a cost saving mechanism nor should it continue to be used as an excuse to reduce or eliminate other types of services.	Jan 28, 2011 7:13 PM
46	Consumer/parent should determine whether service is required and how implemented after following guidelines setforth by SARC.	Jan 28, 2011 7:33 PM
47	No comment	Jan 28, 2011 7:51 PM
48	A possible great use of this approach.	Jan 28, 2011 8:01 PM
49	We go through a respite agency that empowers us to choose who is our best caregiver, so I don't have a need for self-directed services that I think are just going to put more time and responsibility on me.	Jan 28, 2011 8:01 PM
50	NO NO NO. DON'T DO IT. NO SELF-DIRECTED SELF DETERMINATION....PARENTS LIE ABOUT HOW THEY USE THE MONEY ALL THE TIME.	Jan 28, 2011 8:17 PM
51	I used caregivers from his day program, paid for out of our own pocket. That should be an option, not a necessity.	Jan 28, 2011 8:41 PM
52	As long as your department focuses on buying houses for long-term care living arangements for people coming out of the Regional Center Facilities, in say, the Bay Area, then nothing else can be addressed because you spent all the money on a few privilaed individuals, losing site of your responsibility to reach the most with what we have collectively.	Jan 28, 2011 8:48 PM
53	Service standard should achieve the promise that people with intellectual and developmental disabilities will have an individualized program plan and access to the services and supports best suited to them throughout their lifetime, to enable them to live an independent, self-directed, and typical life.	Jan 28, 2011 8:57 PM
54	Self-determination is not a cost saving mechanism unless the State is actively cheating people, nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years)	Jan 28, 2011 9:04 PM
55	Allow self directed services overall! Parents need to retain control and cut out the middle man! We can save the state lots of money in the long run.	Jan 28, 2011 9:15 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
56	See prior.	Jan 28, 2011 9:27 PM
57	Yes, self-directed with resources provided to help find. Also resources provided to ensure adequate training to selected caregivers.	Jan 28, 2011 9:41 PM
58	Self-directed or self-determination options standards should be be determined between the parents and Case Manager. It should always be included in the IPP or an addendum to the IPP (our bible).	Jan 28, 2011 9:41 PM
59	None	Jan 28, 2011 9:41 PM
60	Parents should use a voucher system and once the amount of hours awarded is gone than parents will not be allow to ask for more hours. Hours should be used to purchase services only.	Jan 28, 2011 9:58 PM
61	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 10:11 PM
62	none - quality would be lost - relatives and friends of the family should sign up with the provider	Jan 28, 2011 10:13 PM
63	Full cost participation for those with self directed budget.	Jan 28, 2011 10:23 PM
64	no suggestions	Jan 28, 2011 10:23 PM
65	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Jan 28, 2011 10:32 PM
66	See my answer for Behavioral services.	Jan 28, 2011 10:41 PM
67	Parent as vendors should be reimbursed at the same rate as a private respite agency or a little less. I have always used an agency since I found out that nobody wanted to work for my daughter at the parent as vendor rate. After placing an ad on newspaper and interviewing several candidates, one of them told me that I would never find anybody who would want to work at that rate, especially because of how involved my daughter was as a client. Parent as vendors need to keep paperwork, report taxes quartely, train and supervise the person just the same way as an agency. Why don't they give parents the so-called overhead cost? I believe that the State of California could save some money by increasing the rate of parent-vendors (more parents would choose this option instead of agencies). Private respite agencies would still be necessary for those parents who don't have enough family resources in the area or if parents are new to the area.	Jan 28, 2011 10:51 PM
68	self directed	Jan 28, 2011 10:58 PM
69	Allow.	Jan 28, 2011 11:09 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
70	Do not provide these options.	Jan 28, 2011 11:32 PM
71	As this is one of the few services we use where the parents are not there at the time of service, clients and parents should have last word on provider choice.	Jan 29, 2011 12:27 AM
72	All services and supports should have a component to achieve self determination and a self determined outcome.	Jan 29, 2011 1:17 AM
73	Include the family and qualifying person as much as possible.	Jan 29, 2011 1:45 AM
74	The standard is to observe the patient and caregiver performing the modalities.	Jan 29, 2011 3:15 AM
75	self directed	Jan 29, 2011 3:47 AM
76	optional	Jan 29, 2011 4:44 AM
77	Don't know	Jan 29, 2011 4:51 AM
78	No one should be cut	Jan 29, 2011 5:11 AM
79	n.a.	Jan 29, 2011 5:12 AM
80	Do not allow self-directed for this service.	Jan 29, 2011 6:03 AM
81	Most persons served wouldn't realize the need for this service by their primary caregiver.	Jan 29, 2011 6:14 AM
82	self-referrals should be allowed	Jan 29, 2011 6:33 AM
83	Just do the right thing for a change.	Jan 29, 2011 6:46 AM
84	not known	Jan 29, 2011 6:52 AM
85	N/A	Jan 29, 2011 7:17 AM
86	Again....DDS/RCs have been all talk and meet and suspect consumers/families would engage in fraud or incompetence in use of monies....A realiable democracy has checks and balances...Everyone who wants SD should have it and cost savings noncategorically split between agency and consumer...while still following guidance of IPP or ISP or a SD Plan	Jan 29, 2011 7:24 AM
87	self directed	Jan 29, 2011 7:53 AM
88	Disclose all vendors and let parents choose to self vendor if wanted.	Jan 29, 2011 8:45 AM
89	N/a	Jan 29, 2011 8:49 AM
90	no	Jan 29, 2011 3:14 PM
91	Keep family vendor option where parents can choose the person to provide the respite. This allows the parents to choose someone they know personally and trust to care for their child.	Jan 29, 2011 4:50 PM
92	Please read number 3	Jan 29, 2011 6:57 PM
93	**This question does not make much sense without context to me **	Jan 29, 2011 7:14 PM
94	If no respite centers in 20 mile radius, families should be able to find there own service provider, pay them, and then be reimbursed.	Jan 29, 2011 9:10 PM
95	Most parents pay $15.00 to $25.00 per hour out of pocket for a private babysitter to care for their special needs child. If they are lucky enough to have a family member to care for their child, that is a blessing. Most parents do not live with their own parents. Many grandparents are incapable or unavailable. Vendors who provide respite services to Regional Center clients: Their workers should be bonded, tb tested, DMV background check. Those workers should attend the group behavior training classes as part of their vendor status so that they learn basic behavioral principals.	Jan 29, 2011 9:50 PM
96	PARENTS USUALY REQUEST WHEN THEY KNOW ABOUT THE SERVICE!	Jan 30, 2011 12:00 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
97	Not sure what you mean here. My older teen kid is not mature enuf to watch the special kid.	Jan 30, 2011 12:17 AM
98	no suggestion	Jan 30, 2011 12:28 AM
99	?	Jan 30, 2011 12:36 AM
100	How do you determine funding when families' needs for respite can change dramatically and suddenly based on life events?	Jan 30, 2011 1:24 AM
101	families need to pick the people!	Jan 30, 2011 5:20 PM
102	This is a category of service that would seem to lend itself to SDS.	Jan 30, 2011 6:24 PM
103	This option has not been available to us.	Jan 30, 2011 8:43 PM
104	asked /answered	Jan 31, 2011 3:49 PM
105	No comment.	Jan 31, 2011 4:54 PM
106	Offer families the programs... don't expect them to know what to ask for...	Jan 31, 2011 5:35 PM
107	n/a	Jan 31, 2011 5:43 PM
108	None	Jan 31, 2011 5:57 PM
109	A team made up of the consumer, family and service coordiantor can work together to decide what is the best match.	Jan 31, 2011 6:17 PM
110	Must cost effective and cost is equal or less than current service	Jan 31, 2011 7:07 PM
111	Transition planning (what the future might look like, and how to start getting there) with the families (what a "best case scenario" could look like) would be really useful. Possibly a component of the IFSP.	Jan 31, 2011 8:13 PM
112	do not understand	Jan 31, 2011 9:13 PM
113	None	Jan 31, 2011 9:15 PM
114	Self-determination is not a cost saving mechansim unless the State is activley cheating people nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years)	Jan 31, 2011 9:33 PM
115	This should be negotiated according to the acceptable rules, regulations and purpose of the need for respite.	Jan 31, 2011 9:35 PM
116	I believe that consumers should provide information on services needed.	Jan 31, 2011 9:39 PM
117	Respite should be chosen by the family from a list of appropriate places or that meet minimum qualifications.	Jan 31, 2011 9:48 PM
118	Certainly family members should be informed of the existence of these services, as they should be about the existence of all services (which they currently are NOT!), to determine what services would be helpful to them in maintaining their quality of life.	Jan 31, 2011 9:51 PM
119	rere	Jan 31, 2011 10:31 PM
120	N/A	Jan 31, 2011 10:36 PM
121	N/A	Jan 31, 2011 11:52 PM
122	No, not a good idea	Feb 1, 2011 12:59 AM
123	Ask the consumer about who they like and how they feel about the family getting out.	Feb 1, 2011 3:24 AM
124	Should be included under SD models - agency options only.	Feb 1, 2011 3:57 AM
125	Self-directed services should be supported by an employee of a service provider, who is available to provide professional direction when needed.	Feb 1, 2011 4:29 AM
126	Alternative respite options should be considered based on the individuals needs and interests including recreational activities.	Feb 1, 2011 4:36 AM
127	Let the parents decide what the consumer needs.	Feb 1, 2011 4:56 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
128	no	Feb 1, 2011 5:24 AM
129	Families should be able to select a provider from a pre-approved list and the list should detail specific information about the agency (e.g., number of years in service, areas service, average age of consumers served, etc.)	Feb 1, 2011 5:27 AM
130	N/A	Feb 1, 2011 5:31 AM
131	same answer as previous	Feb 1, 2011 6:01 AM
132	The *consumer*, not the State, should determine his/her options. That is, in fact, what self-direction means. The costs for the service should be up to the amount that the State would pay if the consumer would be institutionalized.	Feb 1, 2011 7:25 AM
133	none	Feb 1, 2011 7:31 AM
134	Generally it is left to the family tom find and hire a respite worker. They should have professional respite caregivers available as an option if they wish it.	Feb 1, 2011 9:02 AM
135	Same as above	Feb 1, 2011 4:27 PM
136	careful survey	Feb 1, 2011 5:14 PM
137	clear and organized way of getting respite...let families get it...now too often relies on competency of RC worker.	Feb 1, 2011 6:05 PM
138	n/a	Feb 1, 2011 6:28 PM
139	n/a	Feb 1, 2011 6:58 PM
140	Make it simpler.	Feb 1, 2011 7:51 PM
141	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 7:58 PM
142	1) "Purchase of Service Limits" is a more appropriate name than "standards." 2) We oppose statewide purchase of service "standards." 3) There is no "one size fits all" solution. Purchase of service standards for each individual are defined by the IPP. 4) For questions 3 & 4: These standards already exist. 5) "Up to but not to exceed the cost to house one individual in a Developmental Center."	Feb 1, 2011 9:15 PM
143	Not sure how this would work.	Feb 1, 2011 9:32 PM
144	none	Feb 1, 2011 9:42 PM
145	Not sure what you are asking.	Feb 1, 2011 11:34 PM
146	Decline to respond.	Feb 1, 2011 11:43 PM
147	As always, the consumer should be asked.	Feb 2, 2011 12:10 AM
148	No comment	Feb 2, 2011 12:15 AM
149	The respite people should be professional, not sleep during their job. Play and interact with the child be friendly and positive attitude and not cause problems for the parents. help the child with daily skills , play skills and homework.	Feb 2, 2011 12:30 AM
150	Not sure	Feb 2, 2011 12:31 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
151	Families will never be able to opt out of Respite.	Feb 2, 2011 12:46 AM
152	Yes, voucher system would work most effectively and efficiently.	Feb 2, 2011 12:47 AM
153	None.	Feb 2, 2011 12:54 AM
154	Respect the choice of the consumer and his/her family.	Feb 2, 2011 2:43 AM
155	With more relaxed parents, the child will be calmer. When respite is combined with other therapies (speech and language, floortime, occupational therapy, etc), the potential for developmental growth is quite high.	Feb 2, 2011 3:48 AM
156	Only to the extent the individual is capable. Collateral oversight by caregivers would often help.	Feb 2, 2011 5:31 AM
157	This can work in self determination. Isn't that what the pilot program in Ukiah is doing?	Feb 2, 2011 6:00 AM
158	Let individuals and their families/teams pick from all options.	Feb 2, 2011 6:12 AM
159	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 3:41 PM
160	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 4:58 PM
161	A good idea.	Feb 2, 2011 5:47 PM
162	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 2, 2011 5:54 PM
163	no comment	Feb 2, 2011 6:37 PM
164	Persons may ask for or be offered respite if they are considering or in the process of having their child/adult taken out of the home.	Feb 2, 2011 6:40 PM
165	a	Feb 2, 2011 6:52 PM
166	If you go back to Parent-Vendored Respite, give parents a lump sum to spend during the year.	Feb 2, 2011 7:22 PM
167	Self directed service would be appropriate in this area- all regional centers could give a set amount for respite and then the family could decide how to best use this for their consumer.	Feb 2, 2011 7:47 PM
168	Allow the family to determine how to best utilize these services. Allow the family to determine what provides them the most rest and a break away from the all-consuming demands of a special needs dependent. This program needs to be more flexible for the families.	Feb 2, 2011 8:22 PM
169	none	Feb 2, 2011 8:57 PM
170	I am deeply involved in my daughter's care. She is unable to provide any care or input for her well-being,	Feb 2, 2011 9:40 PM
171	N/A	Feb 2, 2011 9:45 PM
172	Do not implement a $750 million cut to the Department of Developmental Services (DDS) budget. It is too drastic! We need these services for our kids on the spectrum!	Feb 2, 2011 10:12 PM
173	120 hours of respite.	Feb 2, 2011 10:17 PM
174	Caregivers are the best judge of who and how their loved ones can be served and need to have a voice in how those services are rendered.	Feb 2, 2011 10:20 PM
175	Please previous topic response....	Feb 2, 2011 10:26 PM
176	This question cannot be answered until California has a clearly defined mechanism for implementing self-directoed or self determination options	Feb 2, 2011 10:29 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
177	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 2, 2011 11:42 PM
178	This service provides an outlet for families overwhelmed with the caring of relatives with special needs.	Feb 3, 2011 12:02 AM
179	Parents should be able to choose the agency they want, and to send individuals to be hired by the agency, if they know someone who is good with their child.	Feb 3, 2011 12:21 AM
180	Same answer as previous pages	Feb 3, 2011 12:46 AM
181	This services should be a regional center/IPP team, client decision.	Feb 3, 2011 1:03 AM
182	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 1:03 AM
183	Expand upon current self-directed option.	Feb 3, 2011 1:19 AM
184	Families and consumers should be able to obtain these services through self-direction and self-determination - Please!	Feb 3, 2011 2:04 AM
185	Parents know their kids best and should be empowered to work with a regional-center supervisor to find an appropriate person who meets the minimum standards. It SHOULD NOT be dictated from above via a simple rule about who can do what.	Feb 3, 2011 2:43 AM
186	same as above	Feb 3, 2011 2:55 AM
187	I am not familiar with these terms.	Feb 3, 2011 3:32 AM
188	after the age of 18=yes, guardianship taken by family=family determines	Feb 3, 2011 5:22 AM
189	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 3, 2011 6:11 AM
190	No Comment	Feb 3, 2011 6:53 AM
191	Same standards as Valley Mountain Regional Center.	Feb 3, 2011 6:53 AM
192	same as today	Feb 3, 2011 6:53 AM
193	The consumer's guardian should determine who they wish to give repite.	Feb 3, 2011 7:48 AM
194	unknown	Feb 3, 2011 7:48 AM
195	Not sure how this can be done.	Feb 3, 2011 8:12 AM
196	See above	Feb 3, 2011 4:42 PM
197	We offer the parent vendor option already, which works well for parents that are organized.	Feb 3, 2011 4:44 PM
198	?	Feb 3, 2011 4:51 PM
199	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:25 PM
200	Families can choose providers	Feb 3, 2011 5:27 PM
201	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 5:50 PM
202	No SDS !!!	Feb 3, 2011 5:51 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
203	Parents must have options to choose quality providers	Feb 3, 2011 5:52 PM
204	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:19 PM
205	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:32 PM
206	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:45 PM
207	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 6:50 PM
208	Respite services and family support services are for family members, That means the services are determined based on family members' needs not on consumers' needs.	Feb 3, 2011 6:53 PM
209	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 3, 2011 6:59 PM
210	No self direction this is far to personal for families to objectively assess.	Feb 3, 2011 7:22 PM
211	Parents should be allowed to hire they respite provides	Feb 3, 2011 7:39 PM
212	Unless the social worker is in the same situation as a parent that takes care of their disabled child/adult, that worker has no right to determine how much or how often the parent needs respite.	Feb 3, 2011 7:53 PM
213	not sure I understand these options	Feb 3, 2011 7:56 PM
214	Don't understand this question.	Feb 3, 2011 8:04 PM
215	Parents should determine by themself what is beneficial to them according to the child's needs.	Feb 3, 2011 8:36 PM
216	Autonomy	Feb 3, 2011 8:41 PM
217	To be determined in the IPP process due to variation of responses,.	Feb 3, 2011 8:56 PM
218	Different by indiviual	Feb 3, 2011 8:58 PM
219	Clients should have the option to have whomever they chose to provide respite, and not require them to be employees of the "standard" agency.	Feb 3, 2011 9:06 PM
220	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:29 PM
221	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:29 PM
222	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 9:48 PM
223	n/a	Feb 3, 2011 9:55 PM
224	N/A	Feb 3, 2011 10:14 PM
225	I don't know	Feb 3, 2011 10:23 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
226	I don't know that this applies.	Feb 3, 2011 10:45 PM
227	As currently set.	Feb 3, 2011 11:14 PM
228	I cannot comment on the "self-directed" as I'm not sure what is being asked.	Feb 3, 2011 11:25 PM
229	n/a	Feb 3, 2011 11:36 PM
230	Whatever benefits the family and children.	Feb 3, 2011 11:41 PM
231	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 3, 2011 11:47 PM
232	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 4, 2011 12:08 AM
233	some day, that would be nice	Feb 4, 2011 12:33 AM
234	I think it is incumbent upon the recipient to ensure that they are using these services responsibly and effectively and I would imagine that most are.	Feb 4, 2011 12:58 AM
235	none	Feb 4, 2011 1:24 AM
236	Some parents may think that these services are very important and so if they want to keep this service as part of their self-directed/self determination funding that is OK.	Feb 4, 2011 1:40 AM
237	Parents should ahve a choice in WHO is watching their kiddos.	Feb 4, 2011 1:41 AM
238	I believe that respite care could be a self-directed or self-determination option because parents/consumers can choose as they please to have who ever come and help. Only reason i feel it couldn't be is because some parents may need the help in paying for the services	Feb 4, 2011 1:41 AM
239	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 1:58 AM
240	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:09 AM
241	Not applicable in this case; however, parents are the only individuals qualified enough to make this determination.	Feb 4, 2011 2:10 AM
242	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 2:51 AM
243	no self-directed	Feb 4, 2011 3:29 AM
244	This option should be introduced to all families and should be given the opportunity to select such option. Families will be given the chance to select services that are really beneficial or needed by the client. In the long run - will be very cost effective.	Feb 4, 2011 4:03 AM
245	These should be expanded over the current levels. Respite care is a very personal matter. The family member and the disabled person need to be comfortable with the individual providing the respite care.	Feb 4, 2011 5:18 AM
246	NO blanket formula rule, each "consumer" has individual needs and abilities. The State must have clearly defined mechanisms for implementing self-directed or self-determination options.	Feb 4, 2011 5:30 AM
247	Educational Consultants for individuals with Autism - individual eventually progresses into the General Education program	Feb 4, 2011 5:38 AM
248	None.	Feb 4, 2011 5:53 AM
249	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:53 AM
250	The consumer should be open to learning, There responsibility includes: bathing dressing, speaking appropiately andwillingness to learn, they must be assertive, and self-directed to learn more,	Feb 4, 2011 7:29 AM
251	self determination options should be offer to parents.	Feb 4, 2011 7:33 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
252	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:46 AM
253	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 3:21 PM
254	More instruction to Parent/gardian.	Feb 4, 2011 4:48 PM
255	Families have the right to accept services or not.	Feb 4, 2011 4:53 PM
256	Same as previous section	Feb 4, 2011 4:56 PM
257	N/A	Feb 4, 2011 5:02 PM
258	I am unsure what these options are and how they are implemented	Feb 4, 2011 5:15 PM
259	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:21 PM
260	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 5:47 PM
261	Input from consumers, family and staff at the IPP is appropriate and the best way to find out what the consumer wants.	Feb 4, 2011 5:58 PM
262	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 6:15 PM
263	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined option.	Feb 4, 2011 7:13 PM
264	The same as previous #7.	Feb 4, 2011 7:22 PM
265	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 7:56 PM
266	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 8:16 PM
267	Do not require parents to send the person they have to go to trainings. If a parent of a child with a disability wants to do the self-directed program and hire their own person, it means that the parents is truly trusting this person to take care of their child. Some agencies require the care giver to attend a training and bill for it. It's just absolutely ridiculous !!! Pretty much telling the parents that they dont know what they are doing and noone knows a child more then their parent.s	Feb 4, 2011 8:25 PM
268	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:00 PM
269	If self-determination refers to a system wherein a certain amount of $$ is provided to the consumer, and the consumer decides how to use it, I love this process because it allows for a sense of (a) being gifted and (b) the independence to purchase services that the consumer really needs, in their opinion. Two recommendations: 1. I would suggest that the consumer needs to provide an assessment/recommendation from a professional to back up their choice; 2. Not all consumers have the same level of need. Thus I recommend a fair process to determine need/allocation of funds. Include consumers/parents in the design of this model, not just regional Center or other professional personnel.	Feb 4, 2011 9:16 PM
270	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 4, 2011 9:22 PM
271	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 9:56 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
272	The regional center case managers should make this determination.	Feb 4, 2011 10:15 PM
273	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:15 PM
274	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:27 PM
275	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 10:41 PM
276	What do you mean? If the agency/provider is not of proven/documented benefit WITHOUT PARTIALITY, there is a waste of public money.	Feb 4, 2011 10:44 PM
277	I'm not qualified to answer. Need more info.	Feb 4, 2011 11:07 PM
278	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:20 PM
279	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 4, 2011 11:24 PM
280	self-determined	Feb 4, 2011 11:44 PM
281	Complete CHOICE of adult consumer and parents should be provided.	Feb 4, 2011 11:48 PM
282	It would be great if there was a way families could receive a stipend and pay for these services directly rather than have Regional Center pay an agency. There are people we know who would be great for watching our kids who don't want to go through the hassle of being employed through the service agencies.	Feb 5, 2011 12:29 AM
283	Only can be answered wihen a clearly defined mechanism is in place for implementing these options.	Feb 5, 2011 12:35 AM
284	OK to be included for adults, if the need meets the current standards.	Feb 5, 2011 12:45 AM
285	This questions cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 12:47 AM
286	same as listed in the other programs	Feb 5, 2011 1:33 AM
287	No suggestions.	Feb 5, 2011 2:12 AM
288	???	Feb 5, 2011 3:43 AM
289	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 4:01 AM
290	Caretakers can opt to use respite services but should take some respite each quarter--two days minimum	Feb 5, 2011 4:33 AM
291	Kids go either way with respite, sometimes they are totally burned out on their families and need to get away and sometimes they'd kick and fight at the whiff of it.	Feb 5, 2011 6:01 AM
292	Parents be the vendors. Parents will continue to be responsible to find the caretaker and fill out the 1099 themselves.	Feb 5, 2011 6:01 AM
293	California needs to define how it would implement self-directed services. Very difficult topic.	Feb 5, 2011 6:57 AM
294	Allow self directed services.	Feb 5, 2011 8:07 AM
295	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 2:50 PM
296	n/a	Feb 5, 2011 5:07 PM
297	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 5:31 PM
298	same as first set	Feb 5, 2011 6:41 PM
299	As described above...some sort of voucher system to reduce costs and perhaps increase the amount of respite provided to each family.	Feb 5, 2011 8:24 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
300	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 9:06 PM
301	Assessment	Feb 5, 2011 10:20 PM
302	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 5, 2011 10:59 PM
303	Not able to answer questions, as self-directed and self-determination options have yet to be defined.	Feb 5, 2011 11:43 PM
304	Regardless of any suggested standards, the consumer, the consumer's parents and/or caregivers and consumer's teachers and other school service providers where applicable must still have input regarding respite and other family support services, and the entire IPP team, including the above, must retain the ability to choose the services and supports needed by the consumer, with the input of the consumer and/or the consumer's parents and/or caregivers where appropriate given significant weight.	Feb 6, 2011 5:57 AM
305	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 6:07 AM
306	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 4:40 PM
307	No suggestions.	Feb 6, 2011 5:14 PM
308	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 6:51 PM
309	could eliminate regional center from the process all together.	Feb 6, 2011 8:09 PM
310	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 6, 2011 11:02 PM
311	N/a	Feb 6, 2011 11:06 PM
312	People who are able to should have the option of choosing their own providers / how they have access to respite.	Feb 7, 2011 2:19 AM
313	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:16 AM
314	Those individuals whose Individual Program Plan (IPP) team has identified a need for these services, as described in The Lanterman Act Section 4646 (a) - (d).	Feb 7, 2011 6:46 AM
315	no comments	Feb 7, 2011 7:38 AM
316	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 2:48 PM
317	Unknown	Feb 7, 2011 3:37 PM
318	No suggestions	Feb 7, 2011 4:32 PM
319	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 5:47 PM
320	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 6:23 PM
321	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 7:54 PM
322	?	Feb 7, 2011 8:39 PM
323	Parents must have options to choose quality providers	Feb 7, 2011 9:32 PM
324	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 7, 2011 10:10 PM
325	Allow RC's to set the standards in their own communities.	Feb 7, 2011 10:45 PM
326	Let the Regional Centers make the decisions regarding program services	Feb 7, 2011 11:14 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
327	This is a moot point until and unless California creates a clearly defined mechanism for implementing such options. However, we would hope that any such options would not unduly limit access to services nor place undue burdens on families' time, energy and/or finances.	Feb 7, 2011 11:24 PM
328	None.	Feb 8, 2011 1:09 AM
329	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 1:14 AM
330	If person is capable of telling their needs.	Feb 8, 2011 1:31 AM
331	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:19 AM
332	Current standards seem to work fine.	Feb 8, 2011 4:39 AM
333	Many families need family counseling to deal with stress, behavior,sibling isues....I read where agencies can provide these services, but who and how? It is a huge need that appears to go unmet. it would be nice if Parent's could get workshops early after their children are diagnosed so they can avoid many of the marriage pitfalls that plague families with children/special needs. The divorce rates are 90%? How many families could we save and how would that impact the welfare system if we adressed it?	Feb 8, 2011 4:40 AM
334	Good idea. Maybe someone would want their child in a sleep away camp so the rest of the family could have a vacation without the disabled child.	Feb 8, 2011 4:42 AM
335	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 8, 2011 5:37 AM
336	By parent feedback.	Feb 8, 2011 5:38 AM
337	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:11 AM
338	Families should be able to determine their needs for support.	Feb 8, 2011 6:17 AM
339	Offer contact information for age-related/ability-related social access points within the community in order for the individual with special needs to network.	Feb 8, 2011 6:32 AM
340	There should be self-directed and self-determination options for these services.	Feb 8, 2011 7:10 AM
341	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 3:42 PM
342	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 4:28 PM
343	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 5:54 PM
344	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 6:05 PM
345	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 7:58 PM
346	Avenues exist for requesting these services. More timely legal aid needs to be available.	Feb 8, 2011 7:59 PM
347	Allow parents / caregivers to choose summer camp and/or respite care provider after giving them a range of options.	Feb 8, 2011 8:54 PM
348	No.	Feb 8, 2011 9:01 PM
349	Client must not be disruptive and must decide (if capable) if he/she needs this service.	Feb 8, 2011 9:02 PM
350	Consumers should self-direct their time within the boundaries defined in their program.	Feb 8, 2011 9:12 PM
351	as able to perform these skills.	Feb 8, 2011 9:31 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
352	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 9:39 PM
353	yes, very much needed ASAP	Feb 8, 2011 11:20 PM
354	Families should have some choice in the provider.	Feb 8, 2011 11:34 PM
355	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 8, 2011 11:57 PM
356	n/a	Feb 9, 2011 12:52 AM
357	Nonsense.	Feb 9, 2011 12:58 AM
358	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:29 AM
359	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 1:30 AM
360	same	Feb 9, 2011 2:28 AM
361	None	Feb 9, 2011 3:26 AM
362	N/A	Feb 9, 2011 5:31 AM
363	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 5:43 AM
364	A scale or formula rating for these providers.	Feb 9, 2011 6:15 AM
365	Not sure	Feb 9, 2011 7:22 AM
366	We suggest an expedient implementation of a self-directed or self-determination options so that consumers may have full programmatic access to all services. We suggest that the standards mirror the core standards developed as part of the individual choice budget process. Key elements of those standards are: 1. Eligibility: A voluntary plan for all regional center consumers excluding those in Early Start. 2. Services: Access to regional center case and financial management services. The ability to purchase the full array of services and supports including suspended services and amounts of services outside any caps and some flexibility in service providers. 3. Individual Budget: Developed through a fair, equitable and transparent methodology. Consumers are informed of how their budget was determined. 4. Appeal: Access to the due process procedures available under WIC Sec. 4700 et seq.	Feb 9, 2011 5:38 PM
367	Don't know what this means.	Feb 9, 2011 7:24 PM
368	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 7:59 PM
369	This questions can not be answered until California has a clearly defined mechanism for implementing self directed or self determining options.	Feb 9, 2011 9:18 PM
370	SDS or Self-determination should have been implemented a long time ago for these services. Again, we need to trim the fat and streamline the Regional Center's overhead, staff, and costly, ineffective methods of delivering services. We need to reduce fair hearings by reducing the need to "fight" over services!	Feb 9, 2011 9:35 PM
371	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 9:50 PM
372	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:09 PM
373	I do not understand the question	Feb 9, 2011 10:18 PM
374	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:44 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
375	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 9, 2011 10:54 PM
376	If a child of a family has a restricted health condition such as G-tube for feeding, VNS for seizure disorder, insulin dependent, and any other restricted health the family should choose which agency they want to provide services for respite regardless if the agency is G-tube license or not. The non-license agency if family chooses should be able to provide the respite services with the family's consent and an instruction on how to deal with the consumer if a situation arises. The LVN would have staff license to perform most procedures but it can also be more costly.	Feb 9, 2011 11:21 PM
377	None	Feb 9, 2011 11:35 PM
378	respite should be provided to those who request it.	Feb 9, 2011 11:40 PM
379	Self-determination is not a cost saving mechanism unless the State is actively cheating people nor should it continue to be used as an excuse to reduce or eliminate other types of services (as it has been for the last two years)	Feb 10, 2011 12:04 AM
380	Care providers will have the responsibilities to meet the service standards	Feb 10, 2011 12:53 AM
381	This is a good area for family choice.	Feb 10, 2011 1:04 AM
382	give them the list to make the choice what they want for their family and fit their needs the best.	Feb 10, 2011 3:35 AM
383	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 8:10 PM
384	I definitely support the option that let the family member take care of their own kids. Most parents like to take the responsibility to take care of their kid, however, they also need to work to make money to support the whole family. But if we can give them some reimbursement to reserve the working time to take care of their kid, it actually reduce a lot of risks and difficulty for third person. As parents, they might be able to arrange their time to balance the working hour and home working hour. We should give the options to the parents, and let them to decide.	Feb 10, 2011 8:42 PM
385	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 9:34 PM
386	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 10, 2011 10:04 PM
387	Clients opinions should be considered when choosing a person to provide respite.	Feb 11, 2011 12:18 AM
388	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 12:28 AM
389	KEEP KEEP KEEP - HELP IS ALWAYS NEEDED FOR SOME ONE WTIH A DISABLITILY IT IS NOT ALWAYS COVERED BY MEDICAL OR THEY DON'T HAVE MEDICAL. WE ARE TO HELP!	Feb 11, 2011 2:33 AM
390	time commitment	Feb 11, 2011 3:08 AM
391	Until the State of California has clearly defined mechanism for implementing self-directed or self-determination options, this question is a moot point as there are no guidelines on how to implement this.	Feb 11, 2011 3:25 AM
392	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:12 AM
393	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:23 AM
394	No idea.	Feb 11, 2011 5:32 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
395	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 5:46 AM
396	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:19 AM
397	?	Feb 11, 2011 6:31 AM
398	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 6:36 AM
399	Na	Feb 11, 2011 7:56 AM
400	Families who are caring for and individual with disabilities and need to have time to work, take a break, etc.	Feb 11, 2011 8:30 AM
401	Don't do this. I have seen too many instances of parents being paid to hire their own respite care provider and it looks as if they are really pushing the boundaries of what is appropriate and what is not.	Feb 11, 2011 4:41 PM
402	If they state doesn't provide help they will have to find a way to do it themselves	Feb 11, 2011 5:07 PM
403	cannot be answered at this point	Feb 11, 2011 6:13 PM
404	No comment.	Feb 11, 2011 6:33 PM
405	As all other services there would be a misuse if left to vendors or families to address the need or qualification for a service.	Feb 11, 2011 6:36 PM
406	Should be choice, if we could use Public School vouchers to place kids in a private setting, would raise the quality of all public programs, negating the need for any advocates.	Feb 11, 2011 7:34 PM
407	Give account on what is working and what is not working for the consumer. Find the approach that works best for the consumer.	Feb 11, 2011 8:11 PM
408	See comment under Behavioral Services	Feb 11, 2011 8:50 PM
409	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:49 PM
410	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 9:54 PM
411	None	Feb 11, 2011 9:54 PM
412	should be flexible according to the consumers' needs	Feb 11, 2011 9:56 PM
413	N/A	Feb 11, 2011 9:58 PM
414	NONE	Feb 11, 2011 10:32 PM
415	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 11, 2011 10:45 PM
416	None	Feb 11, 2011 11:35 PM
417	None	Feb 12, 2011 12:03 AM
418	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 1:20 AM
419	No answer	Feb 12, 2011 2:50 AM
420	Consumer should have a chance to say if they like the respite care worker. Also they should be able to chose among a variety of enjoyable activities to engage in while the respite worker is in their home	Feb 12, 2011 4:14 AM
421	Not sure how to answer.	Feb 12, 2011 6:50 AM
422	Should be made available.	Feb 12, 2011 6:55 AM
423	n/a	Feb 12, 2011 1:57 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
424	When client wants to go to any recreational event, Respite can provide this by parent/vender. Since I can't always find any available person to accompany him, I have go with him so I pay for my share, meaning Respite is wasted.	Feb 12, 2011 4:07 PM
425	Parents are the best source providing these services as agreed upon with the GGRC social worker.	Feb 12, 2011 4:51 PM
426	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:13 PM
427	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 6:25 PM
428	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 7:16 PM
429	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 12, 2011 8:32 PM
430	family chose outside individual or from a list of vendors	Feb 12, 2011 8:33 PM
431	family decides type of respite	Feb 12, 2011 9:06 PM
432	Choices about respite should be available to consumers and families.	Feb 12, 2011 9:30 PM
433	Nonsmoking, non drinking, no drugs. Respite worker should be trained in CPR, emergency procedures. Able to communicate with consumer. Able to help consumer at level of development to promote independence. Good to come with activity in mind, not just babysitting.	Feb 12, 2011 10:21 PM
434	n/a	Feb 13, 2011 12:25 AM
435	I like to choose how to use the hours which I use weekly. I save some hours when my daughter's school schedule, my work schedule, and her day care hours conflict. I'm lucky to have that option because otherwise I'd have to use sick pay.	Feb 13, 2011 3:39 AM
436	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 3:48 AM
437	I really don't know	Feb 13, 2011 5:40 AM
438	If your in the health field and asking these question you need another profession.	Feb 13, 2011 6:10 AM
439	As previously stated.	Feb 13, 2011 8:18 AM
440	Respite care should be determined by the consumer and his/her family. Do not require compliance with wage/hour laws, labor laws, etc.. The purpose of respite is to provide respite, not more paperwork.	Feb 13, 2011 6:02 PM
441	None	Feb 13, 2011 6:32 PM
442	no cumments	Feb 13, 2011 7:15 PM
443	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 13, 2011 7:18 PM
444	Report to GGRC how the hours are used in easy written or online survey.	Feb 13, 2011 8:30 PM
445	na	Feb 13, 2011 10:22 PM
446	as presently set up	Feb 14, 2011 12:19 AM
447	All RC services should be available under a self-directed program.	Feb 14, 2011 1:23 AM
448	Can't say I understand how self directed respite care could exist.	Feb 14, 2011 1:58 AM
449	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 2:01 AM
450	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 3:28 AM
451	None	Feb 14, 2011 9:08 AM
452	please see my previous answers as I believe my answers apply to these questions as well.	Feb 14, 2011 5:36 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
453	?	Feb 14, 2011 5:54 PM
454	Honestly I feel already that it is truly "the squeaky wheel that gets the grease". Those who have what I would call "Entitlement Syndrome" are as far as I am concerned, a huge problem. Meanwhile, you have other families who are in far greater need, who try very hard to only take what they truly need and often not enough to meet their needs. How to do deal with this problem, I frankly do not know but what I do know is, it is a problem, most definitely.	Feb 14, 2011 6:25 PM
455	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:31 PM
456	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 6:32 PM
457	None	Feb 14, 2011 6:44 PM
458	NA	Feb 14, 2011 6:59 PM
459	none	Feb 14, 2011 7:07 PM
460	I don't understand this question.	Feb 14, 2011 7:29 PM
461	this question cannot be answered untiil CA has a clearly defined mechanism for implementing self directed or self determination options.	Feb 14, 2011 7:32 PM
462	Cannot be answered until CA has developed a clearly defined mechanism to deal with this.	Feb 14, 2011 7:37 PM
463	Bad idea. There is already too much abuse with respite and having it be self directed is only asking for more abuse.	Feb 14, 2011 8:35 PM
464	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 9:03 PM
465	If my child needs therapy, he should get it. It is not his fault he was born in uncertain economic times. He has a speech delay that could have been caught before it became a problem months to 1 year ago if funding hadn't already been cut that provided him occupational therapy. Then he was changed to "observe"... every 6 months. TOO LATE. And the parents didn't know what the issue was, so they couldn't do anything to prevent it - because they were not educated on what to look for, and the observiations are too far in length.	Feb 14, 2011 9:13 PM
466	N/A	Feb 14, 2011 9:42 PM
467	Cannot answer	Feb 14, 2011 10:02 PM
468	Services should be determined by members of the IFSP/IEP teams.	Feb 14, 2011 10:05 PM
469	Service standards should be maintained as they currently are.	Feb 14, 2011 10:09 PM
470	No self-directed services period!	Feb 14, 2011 10:31 PM
471	client choose who rendere sevices	Feb 14, 2011 10:55 PM
472	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 14, 2011 11:12 PM
473	Self-determination should be client by client basis- not all client should be given self- determination rights.	Feb 14, 2011 11:51 PM
474	Parents must have options to choose quality providers	Feb 15, 2011 12:04 AM
475	Respite could be all voucher based on the needs of the family to keep their kids at home.	Feb 15, 2011 12:06 AM
476	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 12:21 AM
477	None.	Feb 15, 2011 1:07 AM
478	none	Feb 15, 2011 1:07 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
479	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:43 AM
480	none	Feb 15, 2011 1:43 AM
481	No comment.	Feb 15, 2011 1:45 AM
482	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:49 AM
483	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 1:57 AM
484	Not relevant--determined by parent request.	Feb 15, 2011 2:06 AM
485	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 2:39 AM
486	If the consumer is able, they should be allowed to choose the care giver, otherwise a responsible family member or guardian.	Feb 15, 2011 2:49 AM
487	unsure	Feb 15, 2011 2:53 AM
488	Repeating my earlier statement, I fervently reject the ideology of self-directed options. Certainly, the consumer should be a part of the selection process of necessary service. However, there are significant concerns related to the appropriateness of service selection when a singular voice has the authority to determine legitimacy and necessity. The opportunities to manipulate the process are rife.	Feb 15, 2011 3:15 AM
489	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 3:23 AM
490	always in motion with families.	Feb 15, 2011 3:33 AM
491	It;s too soon to say!	Feb 15, 2011 4:10 AM
492	We are unqualified to answer this.	Feb 15, 2011 4:18 AM
493	Our son is not qualified to be self directed or self determined.	Feb 15, 2011 4:40 AM
494	GIVE PARENTS/CLIENTS THESE OPTIONS. VENDOR THEM IF NECESSARY TO BE REIMBURSED FOR SERVICES. ASK FOR BRIEF REPORTS ON HOW CLIENT IS ADJUSTING/RESPONDING TO THESE SERVICES.	Feb 15, 2011 5:17 AM
495	I don't believe that this exists. This number seems to be determined by the Regional Center social worker.	Feb 15, 2011 5:32 AM
496	The major drawback with self-directed plans is that consumers and families are not involved in the fee schedule negotiations between providers and the government agencies and therefore are at a disadvantage.	Feb 15, 2011 5:41 AM
497	see comments on Behavior services	Feb 15, 2011 5:42 AM
498	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:10 AM
499	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:35 AM
500	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:41 AM
501	Respite is DESPERATELY needed for family members caring for autistic children/children with disabilities. This is such a HUGE emotional help it's invaluable!!	Feb 15, 2011 10:49 AM
502	?	Feb 15, 2011 12:49 PM
503	Definately not!	Feb 15, 2011 4:07 PM
504	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:09 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
505	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 4:28 PM
506	Parents should reach out to family and friends if services aren't provided to them for help	Feb 15, 2011 5:13 PM
507	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:07 PM
508	The respite workers, aids/shadows must also be in-sync with the child's goals of self help, and direction.	Feb 15, 2011 6:31 PM
509	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:32 PM
510	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 6:40 PM
511	NONE, it's a bad idea because families already have control over who comes in their home to do their respite and when families are allowed to have more control (i.e. voucher respite), most do not report the employer taxes and mandatory employer withholdings, they are NOT given enough info from the RC on how to do it, and many families are committing fraud and just pocketing the reimbursement. The "EOR" unofficial program with respite (Employer of Record) is terrible because it allows regional centers to negotiate basement floor pricing and when the families need help recruiting, they don't get any help because the agencies don't have the staff or funding to help them recruit quality people. Every respite agency should allow families to refer people they trust to be hired as their respite caregivers AND also help families recruit caregivers who could be a match for them. Get rid of the voucher respite program unless you're going to audit families too!	Feb 15, 2011 6:44 PM
512	Families should know if they really need respite from Regional Center or if there family members can help out. It depends on the situation.	Feb 15, 2011 7:01 PM
513	I don't know how that works but I know that my son would love self determination. He enjoys self advocating for himself	Feb 15, 2011 7:01 PM
514	parent can self-determine how much they needs to pay for the respite workers. develop self-determined options, devlop an annual financial plan.	Feb 15, 2011 7:02 PM
515	Service standards about self-directed or self-determination options for these services should be only specified by a service coordinator, and/or supervisor and worked out with each consumer.	Feb 15, 2011 8:22 PM
516	my child currently has no income	Feb 15, 2011 8:43 PM
517	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options	Feb 15, 2011 9:01 PM
518	its up to the family	Feb 15, 2011 9:15 PM
519	Still waiting.....	Feb 15, 2011 9:15 PM
520	The option to self-vendor takes care of this	Feb 15, 2011 9:15 PM
521	As needed on an individual basis	Feb 15, 2011 9:29 PM
522	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determined options.	Feb 15, 2011 9:40 PM
523	None	Feb 15, 2011 9:46 PM

7. Suggested service standards about self-directed or self-determination

	Response Text	
524	No service standards for self-directed or self-determination standards should be issued without clear rules for how these programs would work, and without the necessary funds to allow consumers to actually purchase the quality services and supports they might choose. In addition, under the existing Lanterman Act, consumers currently have rights to make choices about their own lives and to have those choices respected. These existing guarantees should be met and respected, rather than creating new	Feb 15, 2011 9:49 PM
525	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 10:33 PM
526	Allow the option to cut out the middle man. Allow parents to pay the provider directly, without a vendor in the middle. Allow specialized respite services when needed, like someone trained to handle violence or eloping, as needed.	Feb 15, 2011 10:40 PM
527	Respite can be one of the services selected by the consumer/family under the self directed services umbrella.	Feb 15, 2011 11:03 PM
528	Parents should be the primary influence in these service decisions.	Feb 15, 2011 11:14 PM
529	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 15, 2011 11:37 PM
530	I do not agree with self directed or self determined services	Feb 15, 2011 11:40 PM
531	First, California must clearly define a mechanism for implementing self directed options.	Feb 15, 2011 11:42 PM
532	limited to areas where there is a lack of vendored support	Feb 15, 2011 11:53 PM
533	Parents can self-determin (with guidance of case manager) which resources are most necessary and allott % of hours to said resources.	Feb 16, 2011 12:30 AM
534	?	Feb 16, 2011 1:53 AM
535	If the client does not like or feel comfortable with a provider, they should be listened to and their comments looked into.	Feb 16, 2011 1:54 AM
536	NONE	Feb 16, 2011 2:21 AM
537	The whole point of Respite is to help us have a break from our child. We know she is our responsibility. However, it is truly overwhelming. I home school, so I am with her all of the time. There are occasions when I cannot escape from her behaviors / actions and think I am loosing my mind. There are times when therapies are so overwhelming, I need to relax. I need a way to regroup, get it together and focus again. I need that break to help calm myself and my emotions to get back to helping her.	Feb 16, 2011 2:31 AM
538	Share of cost - while this would impose a parent fee for services it would allow consumers to continue to receive needed services without an arbitrary standard that might eliminate them from receiving a service at all	Feb 16, 2011 2:45 AM
539	n/a	Feb 16, 2011 2:52 AM
540	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 3:06 AM
541	N/A	Feb 16, 2011 3:09 AM
542	Allow	Feb 16, 2011 3:29 AM
543	Currently family has vendor option that works.	Feb 16, 2011 4:01 AM
544	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 4:48 AM
545	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:07 AM

7. Suggested service standards about self-directed or self-determination

	Response Text	
546	I believe all are conserved anyway	Feb 16, 2011 5:22 AM
547	cant be answered until Calif has a clearly defined mechanism for implementing self directed care or self determination options	Feb 16, 2011 5:35 AM
548	Base it on the IPP	Feb 16, 2011 5:48 AM
549	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 5:53 AM
550	This question cannot be answered until California has a clearly defined mechanism for implementing self-directed or self-determination options.	Feb 16, 2011 6:18 AM
551	n/a	Feb 16, 2011 7:20 AM
552	None.	Feb 16, 2011 7:48 AM
553	According to the IPP process.	Feb 16, 2011 7:55 AM
554	none	Feb 16, 2011 7:59 AM