



RESPITE PROCEDURE Table of Contents

| | |
|--|---------------------|
| INTRODUCTION MATERIALS | 00 |
| OVERVIEW OF RESPITE PROGRAM | 001 |
| RESPITE PROVIDERS | 002 |
| STATEMENT OF PURPOSE | 003 |
| TELEHEALTH SERVICES | |
| CERTIFICATION PROCESS | 100 |
| BACKGROUND CHECK DETERMINATIONS | 101 |
| CERTIFICATION | 102 |
| RESPITE PROVIDER PROCESS | 103 |
| REFERRAL PROCESS | 200 |
| REFERRAL PROCESS | 201 |
| MATCHING PROCESS | 202 |
| PAYMENT PROCESS | 300 |
| PAY SCALE | 301 |
| VENDOR CONTRACT | 302 |
| PAY PERIODS | 303 |
| AGENCY EXPECTATIONS | 400 |
| RESPITE GUIDELINES | 401 |
| CARING FOR CHILDREN (DCF 56 STANDARDS) | 402 |
| TRAINING REQUIREMENTS | 403 |
| EMERGENCY PROCEDURES | 500 |
| FIRE EVACUATION PLAN | 501 |
| EMERGENCY PROTOCOL | 502 |
| RESPITE PROVIDER DISASTER PLAN | 503 |
| REPORTING ABUSE OR NEGLECT | 504 |
| DISCHARGE PROCEDURES | 600 |
| DISCHARGE | 601 |
| RESPITE REQUIREMENTS | 700 |
| Respite: La Crosse County Outcomes | 701 |



| | |
|-----------------------------|---|
| Procedure Name: | OVERVIEW OF RESPITE PROGRAM |
| Procedure Number: | 001 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | Council on Accreditation |

STATEMENT OF PURPOSE

To ensure all staff and Providers understand what respite services are.

AREAS OF RESPONSIBILITY

Staff, Providers and Coordinator should know what respite services are.

PROCEDURE

Respite provides temporary relief to caregivers with responsibility for the care and supervision of children who: have physical, emotional, developmental, cognitive, behavioral, or mental health disabilities; are at risk of abuse or neglect; or are in foster care.

Purpose: Respite care reduces caregiver stress, promotes the well-being and safety of care recipients, and contributes to stable families.

Respite Care is provided in a supportive, enriching, and therapeutic environment, in the caregiver's home, in the service provider's home, in a program facility, or in the community. The agency provides respite care in all settings except in a program facility. Services can be provided on a planned or as needed basis, including in response to a crisis. Families experiencing medical emergencies and stressful home situations such as domestic violence or homelessness may request crisis nursery respite care. Generally, care is provided for a few hours or days at a time. When services are provided in response to a crisis, the timeframes may be less predictable and dependent upon resolution of the crisis. Respite care Providers can include employees, independent contractors, volunteers and foster parents.

There is one respite specialist employed through Family & Children's Center who receives referrals and completes intake process, screens and certifies providers, and matches youth with providers. If at some point in the future the program grew to a size that was no longer



manageable for the Community Respite Specialist to handle the caseload on their own, the agency would add staff to the program.

GETTING HELP/SUMMARY

Any questions regarding the above, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | RESPITE PROVIDERS |
| Procedure Number: | 002 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and Providers understand who can provide Respite Services.

AREAS OF RESPONSIBILITY

Staff and Coordinator should be familiar with who can provide respite services.

PROCEDURE

Couples, families, and single people all serve as respite care providers. Anyone interested in becoming a certified respite care provider must be 18 years of age and complete all of the paperwork required (outlined in the certification process) by the Family & Children's Center. Respite providers are individuals interested in providing a quality environment that best meets the child and family needs and meet the requirements of COA (Council on Accreditation), FCC (Family & Children's Center) and the state of Wisconsin respite requirements.

It is imperative that respite care providers have the personal characteristics necessary to provide flexible, affectionate care. As well as competent to assess the need for additional services; respect and appreciate the cultural background, heritage, and identity of persons receiving services; communicate effectively; identify changes in functioning and determine if a crisis situation is imminent and intervene using appropriate resources.

The respite specialist will also screen providers to determine that they are skilled in the following areas: methods of engagement; helping individuals cope with trauma; identification of medical needs or problems; the organization's plans for handling emergencies; case advocacy; use adaptive equipment (if appropriate), providing personal care; and other areas necessary to serve clients. Providers do not need to have all of these initially; the Respite Specialist will help the providers acquire these skills through education and training.



GETTING HELP/SUMMARY

Any questions regarding the above, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | STATEMENT OF PURPOSE |
| Procedure Number: | 003 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the goals of Respite Services.

AREAS OF RESPONSIBILITY

All Providers, staff and Coordinator should be familiar with the goal. These goals will be reviewed with each new provider by staff.

PROCEDURE

1. To provide care for children ages birth up to 18 years of age.
2. To provide a short-term break for youth and their care providers.
3. To assure youth are put with appropriate care providers where they will receive quality care, positive guidance and consistency.
4. To alleviate the pressures and stress for daily care providers of special needs youth.
5. To allow youth to experience different situations in which they can learn and grow.
6. To provide emergency respite situations to help de-escalate a crisis occurring in the primary care provider's home.
7. To provide good matches between respite care providers, youth and primary care providers.

The goals of this program are primarily focused around the youth and providing care providers with a break, whether that is consistently or in crisis situations. The county social workers are responsible for providing the care providers with any other services that would be beneficial to the family. If at any time the respite providers have suggestions and/or concerns those will be passed on to the Respite Specialist or Coordinator and the county social worker will be informed to determine what services would be appropriate and then to coordinate those services.



GETTING HELP/SUMMARY

Any questions regarding the above goals, please contact the Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|--|
| Procedure Name: | TELEHEALTH SERVICES |
| Procedure Number: | 103 |
| Domain: | Client Rights All FCC Programs |
| Approved By: | Leah Morken, Clinical Director |
| Created/Written By: | Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs |
| Effective Date: | 6/15/2020 |
| Date(s) of Revision: | |
| References: | APA Telehealth Training Informed Consent for Telehealth Services form Procedure 407: Case Record Overview Revenue Cycle Homepage Provider Assurance Statement for Telemedicine Telephonic Telemedicine Provider Assurance Statement |

STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

AREAS OF RESPONSIBILITY

All staff providing telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed



as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer's needs.

Methods of Telehealth:

Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children's Center complies with established state and federal regulations for telehealth.

Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

Telehealth Process:

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.

The following information must be communicated and discussed with the client at the start of



every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)
- An understanding that the platform used may not be confidential (e.g., if the platform is not HIPAA compatible, such as Skype, data storage, 3rd party recordings, internet security breaches, etc.)
- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client

Requirements for Documentation:

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., "Due to consumer self-quarantine, writer called from office to consumer in their home", etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: "Current signed consent for telehealth", "Verbally reviewed risks and received verbal consent to conduct session via telehealth", etc.)



- Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
 - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
 - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency contact if needed.
- Time the service began and ended, with a.m. and p.m. designations

Addressing How and When to Discontinue Telehealth Services:

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary



- Staff will provide a referral for aftercare and follow-up

Billing Requirements:

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable providers must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

GETTING HELP

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | BACKGROUND CHECK DETERMINATIONS |
| Procedure Number: | 101 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | https://dcf.wisconsin.gov/files/fostercare/pdf/fostersg-barredcrimes.pdf |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the procedure of how determinations around background checks are made at the agency.

AREAS OF RESPONSIBILITY

The Respite Specialist is responsible for reviewing the information initially returned on all background checks. If there are questions and/or concerns that come up regarding any check returned; the Respite Specialist will review with the Coordinator and if needed the Director and CEO will be consulted.

PROCEDURE

Once the Respite Specialist receives all background checks, they will be reviewed carefully for any results that may be of a concern in regards to caring for children.

If any criminal offenses appear in the results, the agency will follow Chapter 48 (under 48.685) that outlines any barring offenses for foster care providers.

Follow the link to review: <https://dcf.wisconsin.gov/files/fostercare/pdf/fostersg-barredcrimes.pdf>

Any other crimes that appear on the check will be carefully reviewed and determination will be made by the Respite Specialist, Coordinator, Director, and CEO.

If the Human Service reports are returned with any concerning CPS reports will also be reviewed carefully by the Respite Specialist, Coordinator, and Director.

Motor Vehicle checks are run through another agency that makes the determinations of whether or not the agency's insurance will cover the provider. If there are offenses that come back the provider may be requested to provide more information. If the insurance is stating that the



provider is not insurable, it is possible to still become a provider, but there will be restrictions around driving.

In any of these cases, the potential provider may be asked to present supporting documentation of change to help make the determination. It is important to note that all of these situations are case by case and the agency has a right to decline any potential provider based on background checks. The agency has a responsibility to review this information carefully based on the vulnerable population the agency serves in this program.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | CERTIFICATION |
| Procedure Number: | 102 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the background check requirements for respite Providers.

AREAS OF RESPONSIBILITY

All Providers, staff and Coordinator should be familiar with the requirements.

PROCEDURE

Once someone has shown interest in becoming a respite provider the following steps occur:

1. A packet with the following are sent to the potential provider
 - a. A letter about the certification process
 - b. Provider application
 - c. Background Information Disclosure form for each adult and each child over 10 years of age living in the home (if providing care in their home)
 - d. If applicable, any other background checks if the provider has lived out of the state in the last 3 years
 - e. County Human Services form for each adult in the home, if they have lived outside of that county in the last 5 years, additional forms will be requested
 - f. County Sherriff's Department form for each adult in the home, if they have lived outside of that county in the last 5 years' additional forms will be requested
 - g. City Police Department form for each adult in the home
 - h. Reference Release form for each adult in the home
 - i. Motor Vehicle Record Disclosure and Release form for each adult in the home
 - j. Sex offender form
 - k. Privacy and waiver form



2. Once the potential provider has filled out all of the initial required forms and they are returned to the Respite Specialist, the potential provider is informed that it takes about two weeks to get all of the background information processed.
3. Once all of the background information is received the Respite Specialist will contact them to set up a home visit to do a home inspection if they will be providing care in their home. Otherwise, a time will be set up to meet at Family & Children's Center to discuss providing respite in the client's home.

If any of the checks come back as unacceptable the potential provider will be contacted by the Respite Specialist to discuss further. If Family & Children's Center is unable to certify the provider a letter will also be sent.

GETTING HELP/SUMMARY

Any questions regarding the above, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | RESPITE PROVIDER PROCESS |
| Procedure Number: | 103 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and Providers understand the process of certification for respite providers.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar with the requirements.

PROCEDURE

Once background checks and references have been cleared by the Respite Specialist, the Respite Specialist will contact the provider to set up a time to meet at the provider's home or in the office, dependent on where respite will be taking place.

In-Home Respite Provider Certification:

1. Provider face sheet: This sheet is to be filled out with the provider, giving the agency information about the provider to tell potential respite clients.
2. Independent Contractor Agreement: The Respite Specialist will go over each point on this sheet with the providers explaining to them their role as an independent contractor. Also, explaining that they will be sent a "1099" form at the end of the year to file with their taxes. A copy is kept in their file as well as given to the provider.
3. Conduct and Ethics Agreement: This sheet will be read over with the provider. Signatures by the provider, Respite Specialist and Coordinator are required. Once signatures are complete a copy will be kept in the provider's file as well as given to the provider.
4. Business Associate Agreement: This is the agency's HIPPA, privacy & confidentiality, rules and laws that each provider has to abide by. The Respite Specialist will explain that form to the providers as well as have them sign, and the Respite Specialist will sign. A copy will be kept in the provider's file as well as given to them to keep.



5. Emergency Disaster Plan: This green packet explains the protocol and procedures a provider should take if there is ever a disaster such as a tornado. This packet is for the provider to keep.
6. Community Respite Provider Disaster Plan: This sheet is for the provider to fill out and keep in their agency file. See Disaster Plan procedure for more information regarding this form.
7. A copy of the pay scale will be given to the provider
8. A copy of how pay periods work for Family & Children's Center.
9. Pamphlet will be given on Recognition and Reporting of Child Abuse and Neglect- Any further questions on this please review the procedure.
10. Community Respite Vendor Contract: The Respite Specialist will go over this with the Provider so they understand how to fill it out completely.
11. Medication & Emergency Information: This form is for the provider to keep. The respite child's parent or guardian is to fill this sheet out and give it to the respite provider. The Respite Specialist will go over what is on this form and what information the provider should make sure they get from the parent or guardian. Then inform the provider that this sheet needs to be kept on hand at all times so that if there is ever a medical emergency they can grab this sheet to bring to the hospital with them. This sheet does not need to be turned in with time sheets.
12. Fire Evacuation Plan: This form is mandatory. See Fire Evacuation Plan Procedure for more information.
13. Emergency Contact List: This sheet is not mandatory, but highly recommended for Providers to hang in their home.
14. Making Wisconsin Nights Safer: This sheet is for Providers to keep. It provides information on how and where to hang smoke detectors, clean them and when to check them.
15. Home Inspection Checklist: Provider's homes must pass all areas on this checklist before a Provider can receive their certification. Smoke detectors must be tested by the individual completing the home inspection. The provider and the respite care Coordinator must sign this sheet after the home inspection is complete.
16. Deficiencies/Corrective Action: This pink sheet is for the home inspector to use to document what deficiencies the provider has, and needs to improve, before being able to provide respite in their home. This form is then brought back to the office and those



deficiencies are typed up and sent in letter form to the provider to complete before receiving their certification.

17. Training sheet
18. Program Manual
19. Confidentiality contract

Office Certification:

- All the documents above will be filled out besides the Fire Evacuation Plan, Home Inspection, and Deficiencies/Corrective Action.
- During this certification process providers will be reminded if they are providing care in a clients home to ensure that prior to the respite episode they know the location of the following: first aid, medical, emergency and other supplies needed to provide care as well as ways to safely evacuate the individual receiving care.

Re-Certification

Respite Certification is valid for up to two years. Prior to the date of renewal, the Respite Specialist will contact the respite provider to determine if they would like to continue. If yes, the renewal certification process will include the following:

- Background checks
 - Every 4 years- BID, Human Services, Sheriff's Department & City Police Department
 - Every 2 years- Motor vehicle and sex offender
- Home Inspection (if care is in the providers home)
- Any safety plans that need to be updated (Disaster Plan, Fire Evacuation Plan, Emergency Numbers)
- Any other forms that need to be updated

If at any time there are concerns about the respite provider, including, but not limited to, the care of the children, cleanliness of the home, allegations against the respite provider, the Respite Specialist, Coordinator, and Director will assess the situation. Dependent on the results of that assessment, they will determine a plan moving forward or decide to terminate the certification.



GETTING HELP/SUMMARY

Any questions regarding the above, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | REFERRAL PROCESS |
| Procedure Number: | 201 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand how a referral process is completed for Respite Services.

AREAS OF RESPONSIBILITY

All staff and Coordinator should be familiar with and follow the referral process guidelines. The process will be reviewed with each new Provider by staff.

PROCEDURE

- When the Respite Specialist receives a referral the Respite Specialist then contacts the family needing respite services to set up a home visit to meet the family and child. This meeting is set up within two weeks of receiving the referral.
- At the home visit the Respite Specialist completes the following:
 - A form filled out by the primary care providers that outlines the youth's strengths and needs to help the Respite Specialist match a provider to that youth
 - A release of information between Family & Children's Center and the county
 - An assessment, which determines the level in which the youth will be placed at, which then determines the rate of pay
 - Home Inspection if care is going to be done in the client's home
 - Request a copy of proof of homeowner's insurance (declaration page) if care is going to be done in the client's home (if client does not own their own home, please make a note of this to indicate why we were unable to obtain proof of homeowner's insurance)
 - Medication and Emergency Information
 - Safety Consent Form
 - Transportation Permission
 - Respite/Client Rights Agreement



- Program Face sheet
- After the home visit the Respite Specialist then talks to providers about the youth to see who may be interested in providing care for the client.
- Within two weeks of the home visit the Respite Specialist contacts the family and passes on at least three different providers information that are interested in providing respite care.
- Follow up is done with both the provider and the family after the initial respite episode.

GETTING HELP/SUMMARY

Any questions regarding the above referral process, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | MATCHING PROCESS |
| Procedure Number: | 202 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand how the matching process works for Respite Services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar with and follow the matching process guidelines. The process will be reviewed with each new provider by staff.

PROCEDURE

- A referral for a youth needing respite care services is made to Family & Children's Center. At that time, the Respite Specialist meets with the youth and the family, ascertaining what special needs are present as well as what the family and youth feel would be most beneficial for them.
- The Respite Specialist will meet and certify new respite providers to ascertain what youth and families the providers would work best with.
- The Respite Specialist will determine what providers, families, and youth would be a good match and then begin to contact families and providers, giving each of them some information. If both parties feel that it is a good match, then contact information is given and it is the responsibility of the primary care provider to contact the respite provider. Respite providers are encouraged to invite the youth and primary care provider to their home or to visit the youth in their primary residence prior to providing any respite.
- Once a respite episode occurs, the Respite Specialist will contact the provider to discuss how the respite went. The Respite Specialist will also contact the primary care provider to discuss how they felt the respite went. From there forward, if both parties feel it is a good match, respite can be set up as authorized.



GETTING HELP/SUMMARY

Any questions regarding the above matching process, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | PAY SCALE |
| Procedure Number: | 301 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and Providers understand the pay scale of Respite Services.

AREAS OF RESPONSIBILITY

All Providers, staff and Coordinator should be familiar with the pay scale. This will be reviewed with each new Provider by the Respite Specialist.

PROCEDURE

Below is the community respite scale for 2017. These rates may change yearly, and if they do, the Respite Specialist will contact you.

Hourly Pay Rates (*less than 8 hours*)

| | |
|---------------------------------|---------|
| Minimal Level Hourly Rate | \$7.68 |
| Moderate Level Hourly Rate | \$9.24 |
| Intensive Level Hourly Rate | \$10.68 |
| Exceptional Level Hourly Rate | \$12.20 |
| Extraordinary Level Hourly Rate | \$13.68 |

Daily Pay Rates (*8 or more hours*)

| | |
|--------------------------------|----------|
| Minimal Level Daily Rate | \$61.44 |
| Moderate Level Daily Rate | \$73.58 |
| Intensive Level Daily Rate | \$85.18 |
| Exceptional Level Daily Rate | \$97.32 |
| Extraordinary Level Daily Rate | \$131.71 |

Outside Respite daily rate is \$79.39 for 8 or more hours or an hourly rate of \$9.92 for less than 8 hours.



The Respite Specialist will let the Provider know what program they will be providing respite for.

GETTING HELP/SUMMARY

Any questions regarding the above rates, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | VENDOR CONTRACTS |
| Procedure Number: | 302 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all providers understand the vendor contract required for respite services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar with the contract. The contract will be reviewed with each new provider by the Respite Specialist. The respite provider is responsible for filling out the contract, getting accurate signatures, and turning it in on time.

PROCEDURE

The Respite Specialist will give provider a sample of a blank Vendor Contract and explain how to fill it out during the certification process. The following fields need to be filled in by the respite provider: Respite Provider Name, Client Name, Start Date and Time, End Date and Time, and then the parent/guardian needs to print and sign off that respite was provided and the dates and times are accurate. Multiple clients can be recorded on the same contract. This form needs to be filled out completely and turned in on time in order to be paid. Vendor Contracts are due the ***first of every month***. If they are not turned in on time, it will delay billing, and the provider will be paid late.

The Vendor Contract can be turned in one of the following ways:

Email: revenuecycle@fccnetwork.org

Fax: 608.785.0002 (Attention: Revenue Cycle)

Drop off: 1707 Main Street, La Crosse, WI 54601

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | PAY PERIOD |
| Procedure Number: | 303 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the pay period of Respite Services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar with the pay period. This will be reviewed with each new provider by the Respite Specialist.

PROCEDURE

The Respite Vendor Contract forms must be submitted each month by the 1st of the month, or the forms become void. Mail or deliver your contract forms to: Family & Children's Center, 1707 Main Street, La Crosse, WI 54601. Or, you can fax your vendor contracts to: ATTN: Kayla Barnhardt at (608) 785-0002. Paychecks will be mailed out on the 10th of each month. If the 10th falls on a weekend, then the paychecks will be mailed out the next business day.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | RESPITE GUIDELINES |
| Procedure Number: | 401 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | Wisconsin Statute DCF 56 |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the general guidelines of Respite Services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar and follow the guidelines. These guidelines will be reviewed with each new provider by staff.

PROCEDURE

- On a respite job, you may feel there are better ways of doing things than the way they are being done by other care providers. It is not your responsibility to make changes. It is the Respite Care provider's job to be consistent and follow the parent's expectations as well as the expectations of Family & Children's Center as closely as possible. However, you may make suggestions to the Respite Specialist or primary care providers of the youth regarding clients.
- While providing respite, it is not acceptable for the respite provider to have other commitments that would not allow respite child(ren) to be a part of or require the respite provider to find another person to provide respite. **Only providers who are certified by FCC are allowed to provide respite for any youth that you commit to providing care for.** If you are going to share care, have another certified respite provider watch a youth for a period of time that you have committed to providing care for the youth, the primary care provider and FCC must be notified prior to care occurring.
- As a respite care provider, do not talk about your own personal problems. You are giving, not receiving care. Boundaries are incredibly important with special needs youth and their families that respite providers agree to give care for.
- Administration of the medication should be carefully monitored by the respite provider. Should you have any questions, contact the permanent care provider. Medication should be kept in a safe location. Although it is not mandatory for medications to be kept in a



locked area while children are at respite it is highly recommend for their and your safety. This includes all prescription and non-prescription medications.

- For the safety of all children when providing respite care, two or more children are not allowed to be behind a closed door without adult supervision at any time. A good rule of thumb if children are playing in a bedroom is that a door must remain open.
- Respite care providers must follow manufacture guidelines. For example, movie ratings, recreational vehicles, etc. Additionally, if a respite care provider wishes to participate in an activity that puts a child at moderate or higher level or risk it is recommended that they talk to the primary care provider in advance to be sure the child has parental/guardian permission to participate in that activity. Some examples are swimming in a private pool, hot tub, out of state travel, boating, motorcycling, mowing the lawn, jumping on a trampoline, etc. No child under the age of 14 years may operate hazardous machinery or equipment **only** if a written agreement has been signed by the adult, the child's parent/guardian or the primary care provider of the youth.
- If you are providing respite care on a regular basis and you realize that on a scheduled date you are unable to provide respite, please give the permanent care provider two weeks' notice. This may not always be possible; however, giving advanced notice will be appreciated. Respite care is a commitment on your part. Therefore, we ask that you honor the dates whenever possible.
- You must maintain strict confidentiality to protect the privacy of those families and individuals for whom you provide respite care. The confidentiality contract outlines the exact details of this statement so please refer to that document in this manual.
- Respite care providers must follow all child safety restraints (seatbelts/car seats) when transporting children as per state law. Currently the law states that all youth 12 and under must sit in the back seat of a vehicle. If that isn't possible, you must turn the air bag off in the front seat. All youth 8 and under who currently weigh 80 lbs. or less and are 57" in height or less are required to be in a safety or booster seat.
- Transportation to and from respite is the responsibility of the primary caregiver, although sometimes respite providers offer to provide transportation one way. If the respite care provider agrees to help with transportation, this is not reimbursable by Family & Children's Center.
- Transportation, entertainment, food, etc., expenses during respite care are the responsibility of the respite care provider. It is advised that respite care providers consult



with a qualified tax accountant for up to date information regarding applicable tax deductions.

- Per state law, smoking is prohibited when children are present. This includes smoking in vehicles when children are present.
- It is required that you have a working smoke detector on each level of your home, at the ceiling of each open stairway, and in all rooms where respite children will sleep, as well as at least one fire extinguisher in the kitchen area of your home. All of these devices must meet state regulations as per Wisconsin Administrative Code, DCF 56. It is required to also have a working carbon monoxide detector on each level in your home that a gas appliance or furnace is present.
- Homeowner or renter insurance is required. Each Provider should assess their own needs and contact their insurance carrier to find out what their present policy covers. It may be in the Provider's best interest to carry liability insurance as a rider for business use in their home. Proof of insurance must be submitted to Family & Children's Center before respite care begins and updated at the time of certification renewal. If you rent your home, your landlord must give you permission to provide care in your home prior to providing any care.
- Any property damage occurring during a respite episode is the financial responsibility of the respite provider. If a youth breaks or damages something within your home, you could call the police to have them charged with damage to property. You could also have the youth earn money by giving them reasonable chores to do within your home to pay for the damages. Either of these plans should be talked over with the primary care provider and FCC Respite Specialist and/or Coordinator. If you are providing respite care in the primary caregiver's home and you break or damage any property, you will be responsible for replacement or payment for the breakage. We will ask the primary caregiver to furnish us with the receipts for the damage and it will be your responsibility to cover this cost and make payment directly to the primary caregiver.
- It is required per Wisconsin Statute DCF 56 that weapons must be kept in a locked storage container. The ammunition must also be in a locked storage container, separate from the weapons. If weapons are in a glass case, trigger locks must be used as well.
- It is required per Wisconsin Statute DCF 56 that all pets have current rabies vaccination. Proof of this is required to be submitted to Family & Children's Center before respite care begins and updated at the time of expiration.



- Each respite client needs to be provided with his or her own bed. Sofa sleeper and/or a hide-a-bed couch, air mattress or regular couch can be considered beds during respite episodes. Please be considerate of privacy for youth that you are providing respite for.
- Boys and girls are not allowed to sleep in the same room with each other. Additionally, children who are more than five years apart in age cannot sleep in the same room.
- Respite Care providers should take steps to protect themselves and confidential data. Please consider putting a block on long distance calls and on television or internet accessible in your home. Please lock all confidential, personal, and financial data. Please also put away any items that you may not want damaged in case an incident occurs.
- An Independent Contractor Agreement and a Business Associate Agreement must be signed before providing respite care. The Independent Contractor Agreement states that you are not eligible for any benefits such as unemployment, insurance, worker's compensation, etc.
- Any change of name, address, phone number, and/or persons living in your home must be reported to the Respite Specialist before respite may occur. If background checks are needed they must be completed and approved before respite may occur.
- It is recommended that when respite situations are scheduled, you inform the primary care provider if you have any plans over that time frame to get the primary care provider's opinion whether the youth is appropriate to engage in that activity.
- It is highly recommended that when respite is scheduled, the respite provider clarify times that the respite begins and ends.
- If a primary care provider doesn't show up at the scheduled times, please allow them 15 minutes in case they are running late, but then feel free to call the primary care provider to ascertain when they will be arriving.
- If a provider is contacted to provide care but isn't available for that time frame, please do not feel forced into providing care. You do have the right to say no to any respite episodes.

GETTING HELP/SUMMARY

Any questions regarding the above guidelines, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|--|
| Procedure Name: | CARING FOR CHILDREN |
| Procedure Number: | 402 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | Wisconsin Administrative Code, DCF 56 and Council on Accreditation |

STATEMENT OF PURPOSE

To ensure all staff and Providers understand the expectations of caring for children as followed by Wisconsin Administrative Code DCF 56.09 (1g), (2)(d) and (e), (5) and Council on Accreditation RC 7.02, RC 7.03, RC 7.04, RC 7.05, RC 7.06, RC 7.07, RC 8.08.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar and follow these guidelines. These guidelines will be reviewed with each new provider by staff.

PROCEDURE

(1g) Physical Restraint

- (a) A foster parent/respice provider may not use any type of physical restraint on a foster child unless the foster child's behavior presents an imminent danger of harm to self or others and physical restraint is necessary to contain the risk and keep the foster child and others safe.
- (b) A foster parent/respice provider shall attempt other feasible alternatives to de-escalate a child and situation before using physical restraint.
- (c) A foster parent/respice provider may not use physical restraint as disciplinary action, for the convenience of the provider or for therapeutic purposes.
- (d) If physical restraint is necessary under par.(a) a provider may only use the physical restraint in the following manner:
 1. With the least amount of force necessary and in the least restrictive manner to manage the imminent danger of harm to self or others.
 2. That lasts only for the duration of time that there is an imminent danger of harm to self or others.
 3. That does not include any of the following:



- a. Any maneuver or technique that does not give adequate attention and care to protection of the child's head.
 - b. Any maneuver that places pressure or weight on the child's chest, lungs, sternum, diaphragm, back or abdomen causing chest compression.
 - c. Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child's head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the child's torso.
 - d. Any type of choke hold.
 - e. Any technique that uses pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points for pain compliance.
 - f. Any technique that involves pushing on or into a child's mouth, nose, or covering the child's face or body with anything, including soft objects, such as pillows, washcloths, blankets, and bedding.
4. Notwithstanding subd. 3. F., if a child is biting himself or herself or other persons, a foster parent may use a finger in a vibrating motion to stimulate the child's upper lip and cause the child's mouth to open and may lean into the bite with the least amount of force necessary to open the child's jaw.
- (e) A foster parent/respice Provider shall report the use of any physical restraint to the licensing agency as soon as possible after the imminent danger has been resolved but no later than 24 hours after the use of any physical restraint. Information shall include a description of the situation that led to the use of restraint, the nature of the restraint that was used, any follow-up actions that were taken, any injuries that may have resulted from use of the restraint and any additional information required by the licensing agency

(2) Supervision of Children

- (d) A provider may not leave foster children under 10 years of age without supervision by a responsible care provider.
- (e) A provider shall ensure that foster children 10 years of age or older receive responsible supervision appropriate to their age, maturity and abilities



(5) Discipline

- (a) Disciplinary action by a foster parent or any other person serving as a substitute caretaker in the absence of the foster parent shall be aimed at encouraging the foster child to understand what appropriate social behavior is.
- (b) The type of discipline imposed shall be appropriate to the child's age and understanding
- (c) Physical punishment of foster children is prohibited.
- (d) A licensee may not subject any foster child to verbal abuse, profanity, derogatory remarks about the child or his or her family or to threats to expel the child from the home.
- (e) A licensee may not permit another adult or child, other than a responsible care provider, to discipline a foster child.
- (f) No foster child may be punished by being deprived of meals, mail, or family interaction.
- (g) No foster child may be punished or ridiculed for bed-wetting or other lapses in toilet training
- (h) No foster child may be mechanically restrained or locked in any enclosure, room, closet or other part of the house or elsewhere on the premises for any reason.
- (i) No foster child may be punished by being restricted to an unlocked room or area of the home except as follows:
 - 1. A foster child under 6 years of age may be restricted to an unlocked living area of the home for not longer than 10 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.
 - 2. A foster child 6-10 years of age may be restricted to an unlocked living area of the home for not longer than 30 minutes for any episode of misbehavior. The



foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.

3. A foster child over 10 years of age may be restricted to an unlocked living area of the home for up to 60 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.

RC 7.02: Respite providers are familiar with the care recipient's daily routine, preferred foods and activities, and needed therapeutic or medical care and respect the culture, race ethnicity, language, religion, and sexual orientation of the care recipient.

RC 7.03: Respite providers offer activities with enriched content appropriate to the interests, age, development, physical abilities, interpersonal characteristics, and special needs of the care recipient.

RC 7.04: Crisis respite care provides needed developmentally and age appropriate interventions to help the care recipient cope with trauma or stress associated with the crisis.

RC 7.05: Close supervision of care recipients ensures their safety and improves service quality, and provider-care recipient ratios do not exceed: one to four when children are school age or under; one to eight during waking hours; and one to twelve during sleeping hours. These numbers reflect all children or adults being cared for in the home. If there are children who require more specialized care (for example; medical care or close supervision) the ratios may be adjusted.

RC 7.06: When care recipients experience accidents, health problems, or changes in appearance or behavior, information is promptly recorded and reported to caregivers and administration, and follow-up occurs, as needed.

RC 7.07: The respite provider returns care recipients only to the caregiver, or another person approved by the caregiver, and follows guidelines for situations when a caregiver poses a safety risk or an individual requires protection.

RC 8.08: Organization procedure prohibits:

- a) corporal punishment;
- b) the use of aversive stimuli;



- c) interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d) the use of demeaning, shaming or degrading language or activities;
- e) unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;
- f) forced physical exercise to eliminate behaviors;
- g) punitive work assignments;
- h) punishment by peers; and
- i) group punishment or discipline for individual behavior.

RC 8.06 Care recipients can have private telephone conversations and any restrictions are:

- a. requested by the caregiver
- b. approved in advance by an appropriate designee
- c. documented in the case file

GETTING HELP/SUMMARY

Any questions regarding the guidelines, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | TRAINING REQUIREMENTS |
| Procedure Number: | 403 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers the training required for Respite Services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should know the training requirements. These trainings will be reviewed with each new provider by staff.

PROCEDURE

Required Staff Training- 20 hours annually

1. Agency Orientation Part 1(one time-NEW EMPLOYEES)
2. Agency Orientation Part 2(one time-NEW EMPLOYEES)
3. Mental Health First Aid Youth (one time-NEW EMPLOYEES)
4. Introduction to Trauma Informed Care (Relias-one time-NEW EMPLOYEES)
5. Welcome to Relias (one time-NEW EMPLOYEES)
6. Defensive Driving (Relias-one time-NEW EMPLOYEES)
7. Blood-borne Pathogens (REL-ALL-0-BBPATH)
8. Diversity Training
9. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
10. CPR & First Aid (required every other year)
11. CPI- Initial during first year of hire (NEW EMPLOYEES)
12. Crisis Intervention-Refresher annually thereafter
13. Minimum of 1-hour Wellness/Self-Care event/presentation/training
14. Beginning second calendar year of employment & annually thereafter-Trauma Informed Care Training (min. 1 hour)

Provider Training:

- All respite care providers receive four hours of initial, individualized training with the Respite Specialist during the certification process. That training includes expectations for providing quality care, working in conjunction with the primary caretaker,



documentation, communication, mandated reporting, confidentiality, and initial and ongoing training.

- At the time of certification, the Respite Specialist provides two hours of individualized training with each provider about agency procedures, billing and payment processes, record keeping, reporting to the agency following providing respite, emergency procedures, arranging back up services, reporting critical incidents, and how to safely provide services.
- If a provider is providing home-based respite, within six months of becoming a certified provider, the provider must complete three hours of training about the population(s) of children the provider intends to serve, working effectively with participants, providing quality homemaking and household services. Exemptions regarding this training are allowed in circumstances when the provider has already received comparable training and meets standards identified regarding this in the Medicaid Waiver Manual. Family & Children's Center makes the final determination regarding this exemption. Participants may provide part of this training if this is appropriate and as long as the training meets the same content requirements of that provided by Family & Children's Center. The child's primary caretaker must feel the training is directly related to their child's needs. Group training regarding these topics is available at Family & Children's Center on a quarterly basis.
- Ongoing training is expected of all providers, with a minimum of fifteen hours per year. CPR is a requirement for all providers and needs to be completed every other year. Trauma Informed Care and Mental Health First Aid are also a requirement. CPI is a training that may be required as it is based upon specific clients. When a provider is matched with a client that would require them to take CPI training the Respite Specialist will let the provider know how to fulfill this requirement. The Respite Specialist also works closely with all providers to track all the training requirements, as well as provide on-going training as requested and appropriate. When trainings occur at Family & Children's Center or in the community information regarding those trainings will be provided to respite care providers.

GETTING HELP/SUMMARY

Any questions regarding the above goals, please contact the Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | FIRE EVACUATION PLAN |
| Procedure Number: | 501 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all providers have a fire evacuation plan on file as well as posted in the home.

AREAS OF RESPONSIBILITY

The Respite Specialist will verify that the fire evacuation plan is complete, on file, as well as posted in the provider's home.

PROCEDURE

All providers who will be providing care in their home need to complete a fire evacuation plan, which is a drawing of their home as well as indicates the exits that can be used in case of an emergency. The plan should also have listed where everyone will meet once evacuated. A copy of this will be put in the providers file and the provider is required to have this posted in their home and is required to review with each respite child.

If you are a provider, providing care in the client's home, the same requirement applies and that the family needs to have the fire evacuation plan for their home posted for you to review while there.

GETTING HELP/SUMMARY

Any questions regarding the above requirements, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | EMERGENCY PROTOCOL |
| Procedure Number: | 502 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand the emergency protocol of Respite Services.

AREAS OF RESPONSIBILITY

All providers, staff and Coordinator should be familiar with and follow the emergency protocol in this procedure. The emergency protocol will be reviewed with each new provider by staff.

PROCEDURE

- If an emergency situation occurs while you have a youth in respite, please contact the Respite Specialist. Business hours are from 8-5 Monday through Friday so please use the office number during that time. If it is after business hours or on a holiday, please utilize the cellular telephone number.
 - **Respite Specialist: 608-785-0001 ext. 275 (office)**
608-317-6026 (cell phone)
- You may also contact the supervisor of the program at 608-785-0001 ext. 350
- These numbers are also listed on the respite forms.
- If circumstances/situations arise, and you cannot get in contact with the emergency contact person listed on the Respite Agreement Form or Family & Children's Center treatment foster care 24 hour on call number (608-790-5729) use your best judgment depending upon the severity of the situation. If you feel you are threatened or in danger, do not hesitate to contact the police. Ask questions and have the primary care provider explain how to do special tasks. Incident reports are to be filled out by the provider when unusual circumstances arise with the respite client (such as seeking medical attention, physical acting out, or requiring legal intervention). The incident report is to be completed and sent to the Respite Specialist within 3 business days. If a situation just seems unusual to you, please give the staff at FCC a telephone call to discuss it. At times,



it is difficult to discern if a special incident report should be written so staff can help sort through that.

- The primary care providers have been instructed to include emergency names and numbers on the medication form. In the event of illness/emergency, attempt to contact the primary caregiver or utilize the cellular telephone numbers listed on the Respite Care Agreement Form. If they cannot be reached, take the necessary steps to obtain appropriate care, medical or other. If an injury has occurred, an incident report is to be completed and sent to the Respite Specialist within three business days.
- Emergency respite is authorized at times for youth or families who are in crisis. At times, this is due to a youth's behavior, a situation occurring within the primary care provider's family or to prevent chaotic situations from happening. In situations of emergency respite, providers will be contacted by staff from FCC directly. A primary care provider can't authorize respite care without social worker's permission.

GETTING HELP/SUMMARY

Any questions regarding the above emergency protocol, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | RESPITE PROVIDER DISASTER PLAN |
| Procedure Number: | 503 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all respite providers have a disaster plan on file.

AREAS OF RESPONSIBILITY

The Respite Specialist will verify that the disaster plan is complete and on file.

PROCEDURE

Each provider is required to complete a disaster plan whether they are providing care in their home or in the client's home. The disaster plan is to know where the provider may go in the event of a natural disaster and how to get in contact with them. If the plan were to go into effect the provider must let the Respite Specialist know as soon as possible, but within 24 hours of the disaster.

The form includes listing two places you would go if you were to need to evacuate your home, other ways to communicate with the primary care provider (email, other phone number, another person to reach you through), and critical information to take with you if you are able to.

GETTING HELP/SUMMARY

Any questions regarding the above requirements, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | REPORTING ABUSE OR NEGLECT |
| Procedure Number: | 504 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To provide guidance in reporting abuse or neglect

AREAS OF RESPONSIBILITY

The agency is required to take action as listed below in an instance of abuse and/or neglect allegations.

PROCEDURE

1. The respite provider shall immediately notify the Respite Specialist at Family & Children's Center if they have reasonable cause to believe any of the following
 - a. A foster child has been abused or neglected
 - b. A foster child has been threatened with abuse or neglect and it is likely that the foster child will be abused or neglected.
2. The respite provider will then immediately notify La Crosse County CPS- 785-5875
3. The Respite Specialist will then notify the youth's social workers and guardian (if appropriate)
4. This will then be documented by the Respite Specialist.

GETTING HELP/SUMMARY

Any questions regarding the above requirements, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|---|
| Procedure Name: | DISCHARGE |
| Procedure Number: | 601 |
| Domain: | Respite |
| Approved By: | Vanessa Southworth, Director of Wisconsin Youth & Family Programs |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 9/15/2017 |
| Date(s) of Revision: | |
| References: | |

STATEMENT OF PURPOSE

To ensure all staff and providers understand case closing.

AREAS OF RESPONSIBILITY

The Respite Specialist is responsible for letting providers know when a case has been closed as well as responsible for sending out evaluations. The providers should be familiar with the discharge process to ensure they do not provide services to a client whose case has been closed.

PROCEDURE

The county and/or agency who determined eligibility of respite for the family are also the ones determining discharge from respite services. Respite services may end for the following reasons, but not limited to:

- Child aged out of services (graduated high school or turned 18)
- Funding no longer available
- Family no longer utilizes and/or needs respite services

When case ending determinations are made the county and/or agency will contact the FCC Respite Specialist and the family that was utilizing this service. The Respite Specialist will then contact the Respite Provider to ensure that they also know that the youth is no longer eligible for respite services.

After discharge, discharge evaluations are sent to the county and/or agency as well as to the family that was utilizing services.



GETTING HELP/SUMMARY

Any questions regarding the above requirements, please contact the Respite Specialist and/or Coordinator.

[Back to Table of Contents](#)



| | |
|-----------------------------|--|
| Procedure Name: | RESPITE: LA CROSSE COUNTY OUTCOMES |
| Procedure Number: | 701 |
| Domain: | Respite |
| Approved By: | Tita Yutuc, LCSW, President/ CEO |
| Created/Written By: | Kristen Kingery, Coordinator of Community Services |
| Effective Date: | 12/29/2017 |
| Date(s) of Revision: | |
| References: | Outcomes Spreadsheet |

STATEMENT OF PURPOSE

For the Coordinator and Respite Specialist(s) to understand the purpose and procedure for La Crosse County Outcomes; these are required per contracting.

AREAS OF RESPONSIBILITY

The Coordinator along with program staff is responsible for completing outcomes. If unable to, it would then be the Director's responsibility.

PROCEDURE

Every quarter outcome spreadsheets need to be submitted to Paul Medinger at La Crosse County. This outcomes chart is hyperlinked above and directly reflects only La Crosse County Community Respite clients. Fill in all fields in the spreadsheet and email to Paul at pmedinger@lacrossecounty.org. Below is when they need to be emailed by:

Quarter 1: No later than April 30

Quarter 2: No later than July 31

Quarter 3: No later than October 31

Quarter 4: No later than January 31

An email reminder will be sent by Paul after each quarter.

GETTING HELP/SUMMARY

Any questions regarding outcomes, contact the Coordinator.

[Back to Table of Contents](#)