

Virginia Department of Health  
 Division of Disease Prevention  
 HIV Care Services  
 Service Standards

**Respite Care  
 2009-2010**

**Definition of Service:** Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS. (HRSA definition)

**Objectives for Service:**

- To promote skills-building, social interaction, and to maintain or improve the client’s support system.
- To provide periodic respite for caregivers of HIV-infected individuals.
- To respond to the respite needs of HIV clients in acute situations and provide for the respite needs of family caring for the HIV-infected client.

<b>STANDARD</b>	<b>MEASURE</b>
<b>Service Standards:</b>	
The client’s eligibility for Ryan White Part B services is determined or in the process of obtaining eligibility before service is initiated.	Documentation of the client’s eligibility or documentation that the eligibility process has been initiated is present in the client’s record.
A referral by a Ryan White Part B provider is made for initiation of respite care services.	Documentation of the referral or form is present in the client’s record.
All information provided by the client is confidential. It will not be released to anyone without client permission except as permitted or required by law.	Documentation of confidentiality assurances is signed and dated by both staff and the client and present in the client’s record.
<b>Intake:</b>	
An intake is initiated which includes the collection of demographic information, client’s support system and to determine program eligibility.	Documentation of the agency’s intake is present in the client’s record, signed and dated.

<b>Assessment:</b>	
The client is assessed by either the Ryan White Part B case manager or the agency providing services to determine the needs of the client. Supporting documentation of the need for respite care is included in the assessment (e.g. medical provider's notes).	Documentation of the assessment is present in the client's record, signed and dated, along with any supportive documentation.
<b>Plan of Care:</b>	
In collaboration with the client/client's family a plan of care is developed. A copy of the plan is offered to the client.	Documentation of the plan of care is signed and dated by both the client and/or client's family and is present in the client's record. If client declines copy, documentation is present in the client's record.
The plan of care must include scope of services provided, cost limitations, time limitations, client/family responsibilities.	Documentation of HIV education/risk reduction plan is present in client's record.
<b>Reassessment:</b>	
The care plan will be re-assessed at a minimum of <b>every 30 days</b> to determine if goals are being met and to assess for any new needs.	Documentation of re-assessment care plan <b>every 30 days</b> is signed and dated by both the health educator and client and present in the client's record.
<b>Referrals:</b>	
If the needs of the client are beyond the scope of the services provided by the agency, an appropriate referral is made (e.g. hospice).	Documentation of the referral is present in the client's record.
The client is appropriately referred to other HIV services as needed.	Documentation of the referral is in the client's record.
<b>Discharge:</b>	
The agency staff or Ryan White Part B case manager and client collaborate on a discharge plan once goals have been met and/or services are no longer required.	Documentation of the discharge is present in the client's record.
<b>Qualifications:</b>	
All respite care providers will be knowledgeable about HIV and culturally sensitive to special populations.	A copy of the job description and resume of the respite care provider will be present in the personnel file and available for review.
<b>Training:</b>	
Orientation must be provided to all respite care providers within two weeks of hire.	Documentation of completion of orientation and description of orientation program are in the respite care provider's personnel files and available for review.

<p>All respite care providers will obtain training in the following within 180 days of hire:</p> <ul style="list-style-type: none"> <li>A. HIV Disease</li> <li>B. Cultural Competency</li> </ul>	<p>Documentation of the completion of the training requirements is in the peer support counselor's/mentor's personnel record and is available for review.</p>
<p><b>Annual Training:</b></p>	
<p>All respite care providers will complete 6 hours of continuing education in counseling and/or HIV/AIDS annually.</p>	<p>Documentation of the completion of continuing education will be present in the respite care provider's personnel record and available for review.</p>
<p><b>Supervision:</b></p>	
<p>All respite care providers will be supervised by a credentialed professional with supervisory experience.</p>	<p>Documentation of Supervisor's credentials is available for review. Documentation of the regularly scheduled supervisory meetings including date, persons in attendance, and agenda are available for review.</p>