



Enhanced Respite FAQ

Q: What is the difference between regular respite and Enhanced Respite?

A: Both programs help families to take a short break from their daily caregiving duties by providing a trained person to supervise and support their child who has special needs. The Enhanced Respite program (aka behavioral respite) provides a more intensive level of support to children experiencing behavioral challenges who need better trained and supervised Respite Caregivers to maintain consistency in behavioral interventions.

Q: Who is eligible for these respite programs?

A: CISS provides respite care to families caring for children with developmental disabilities who are living at home with the parent or legal guardian. The regional center funds these services to enable parents to raise their children at home (instead of in a licensed facility) so the services are typically free to the family. Premature infants, children, adults and seniors living with an adult relative may qualify for respite support. The majority of referrals are children between the ages of 2 and 18 with diagnoses such as Mental Retardation, Autism, Cerebral Palsy, Down Syndrome and Rett's Syndrome.

Q: What is the average amount of respite hours a family can receive?

A: Every family's needs are unique and can vary throughout the year. The planning team (made up of the parent and the funding representative such as TCRC or NLACRC) reviews the family's and child's needs. At TCRC, families can receive up to 25 hours/mo of regular respite without further management review (i.e. "an exception"), with Enhanced Respite falling into the same category. Regular respite is typically authorized for an entire year, where Enhanced Respite is time-limited and may be authorized for 3 – 6 months by clinical team review. As the provider of service, CISS does not make recommendations regarding hours – the regional center planning team decides how many hours to authorize.

Q: What are the training requirements of the caregivers?

A: Parents are the experts and key trainers when it comes to the specific needs of their children. In a regular respite program, the caregivers receive CPR and First Aid training, as well as attend monthly staff training opportunities. The caregivers in the ER program also receive CPR and First Aid, but they are also certified in crisis intervention and positive behavioral supports. All of these trainings make up the ER Orientation Training, which is 32 hours. ER support staff are trained in the family's home on the specific behavioral protocols of each child. They are also provided with ongoing training by the CISS licensed behaviorist, in coordination with the behavioral agency chosen by the family and the regional center. The ER staff are required to attend monthly staff meetings in the office for ongoing training and support.

Q: How long does it take to get the ER program in place?

A: Once the Service Coordinator sends CISS the approved authorization for the Evaluation/Intake and ongoing Enhanced Respite hours/miles, the parent is called the same day to arrange a time for CISS staff to come to the family's home. The CISS Behavioral Consultant and the Family Services Manager perform an in-home assessment and intake with most results ready the same week. Recruiting for the family begins immediately after the intake and may take up to two weeks on average, depending on the respite schedule requested by the family.

Q: Can a parent have a preferred caregiver hired by CISS for the ER program?

A: Yes, but the caregiver must meet minimum qualifications (BA+6mo. Exp. or 2 years exp.), complete the regular interviewing process, and must pass all screening and mandatory training to be eligible for hire.

Q: What are the rates of pay for caregivers in the respite programs?

A: The regular respite program reimburses \$9.50/hr to \$11/hr depending on availability and experience. The ER program reimburses \$12.50/hr to \$14/hr (with a separate training wage for orientation).

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