



Respite Care Service Standard

Texas Department of State Health Services, HIV Care Services Group—[HIV/STD Program | Texas DSHS](#)

Subcategories	Service Units
Adult	Per hour
Child Living with HIV	Per hour
Respite Care	Per hour

Health Resources & Services Administration (HRSA)

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for a HRSA Ryan White HIV/AIDS Program (RWHAP)-eligible client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

Program Guidance:

Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Limitations:

Funds may not be used for off-premise social/recreational activities or to pay for a client's gym membership. Funds may not be used for informal respite care. Direct cash payments to clients are not permitted.

Services:

Services funded under this category are designed to relieve primary caregiver(s) responsible for providing day-to-day care. A caregiver is defined as someone who cares for a person living with HIV.

Universal Standards:

Service providers for Respite Care must follow [HRSA/DSHS Universal Standards](#) 1-52 and 191-194.

Service Standards and Measures:

The following standards and measures are guides to improving health outcomes for people living HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Initial Brief Assessment: Agency staff will initiate an intake within 5 business days of the referral, which should include:</p> <ul style="list-style-type: none"> • Client’s support system • Needs of the client • Documentation supporting the need for respite care 	<ol style="list-style-type: none"> 1. Percentage of clients with documentation of an initial brief assessment completed within 5 business days of the referral. 2. Percentage of clients with documentation of the need for respite care.
<p>Plan of Care: In collaboration with the client and client’s family, a plan of care will be developed within 10 business days of the initial brief assessment. The plan of care should be signed and dated by the client or the client’s legal guardian. A copy of the plan must be offered to the client and this must be documented in the client’s record.</p> <p>The plan of care should include:</p> <ul style="list-style-type: none"> • The objective of respite care • The estimated number of respite care visits anticipated and the services to be provided • The setting respite services will be provided in <p>Documentation that the plan of care is being followed should be present in the record and include, at a minimum, a sign-in sheet documenting attendance in a facility or documentation of a professional support provider’s</p>	<ol style="list-style-type: none"> 3. Percentage of clients with a plan of care developed within 10 business days of the initial brief assessment. 4. Percentage of clients with documentation that the plan of care was signed and dated by the client or the client’s legal guardian, and that a copy of the plan was offered to the client. 5. Percentage of clients with documentation that the plan of care is being followed, including an attendance sign-in sheet or record of a professional support provider’s attendance in the home. 6. Percentage of clients with documentation that the plan of care has been updated and reviewed every 6 months.

<p>attendance in the home.</p> <p>The plan of care should be reviewed at least every 6 months to see if progress is being met toward the objective of the respite care, with documentation present in the client's primary record.</p>	
<p>Referrals: If the needs of the client are beyond the scope of the services provided by the agency, a referral to another level of care should be made. Documentation of the referral and the outcome of the referral should be present in the client's primary record.</p>	<p>7. Percentage of clients with referrals for services beyond the scope of the respite care provider, as needed.</p> <p>8. Percentage of clients who were referred to another level of care that have documentation of referral outcome.</p>
<p>Discharge: The agency and client will collaborate on a discharge plan once objectives have been met. The reason for discharge should be included in the plan, and may include:</p> <ul style="list-style-type: none"> • Services are no longer needed • Services needed are outside the scope of respite care • Client has moved out of the area • Unacceptable client behaviors as defined per agency policy • Client has not attended or received respite care per agency policy and procedure • Client is deceased 	<p>9. Percentage of discharged clients with a discharge plan that includes the reason for discharge.</p>

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2023.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2023.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.