

# INTENSIVE RESPITE SCREENING

## *Intensive Respite Screening Form*

Form 929

Version Date: March 2025

**Privacy notice:** The information you provide will be used to determine continued eligibility for division services. It will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. Without this data, we cannot make a determination. This data is part of record series: 15376.

This form is used to certify that an individual requires Respite Care Services-Intensive because of the exceptional care needs that the individual presents with.

This certification is valid for one year from the date of certification.

**NAME OF PERSON:**

**PERSON'S ID:**

**TODAY'S DATE:**

**REQUESTED START DATE OF INTENSIVE RESPITE:**

**REQUESTED END DATE OF INTENSIVE RESPITE:**

**SUPPORT COORDINATOR:**

**PROVIDER NAME:**

**PHONE NUMBER:**

**RESPITE SERVICES TO BE PROVIDED:**

IN HOME

OUT OF HOME

**COMMENTS:**

An individual must meet at least one of these conditions to qualify for intensive respite care:

**1.** An individual has a documented complex and/or unstable medical condition that requires constant supervision, or a condition that requires prescription medication or treatment follow-through during the respite time period.

- The individual requires catheterization or ostomy care.
- The individual must be fed, require tube or gavage feeding, or requires direct supervision while eating to prevent complications such as choking, aspiration, or excessive intake.
- The individual requires frequent care to prevent or remedy serious skin conditions such as pressure sores or persistent wounds.
- The individual has encopresis or enuresis during daytime hours several times per week.
- The individual requires two or more hours of therapy follow through per day.
- The individual requires prescription medication in a timely manner such as insulin or seizure medication.

**2.** An individual has documented behavioral issues that require frequent (at least daily) intervention to prevent property damage or harm to themselves or others.

- An individual has severe hyperactivity to the point of frequent destructiveness or sleeplessness on a consistent basis.
- The individual engages in significant acting out behaviors.
- The individual engages in aggressive behavior on a daily basis including biting, scratching, or throwing objects.
- The individual has self-injurious behavior on a daily basis, including head banging, eye poking, biting, picking or cutting.
- The individual runs away for a long period of time, returning only as a result of intervention of others.

**3.** An individual requires assistance with multiple personal care needs including dressing, bathing, and toileting. An individual requires assistance with transfers and positioning throughout the day.

**4.** There is a need for a specialized skill (such as an interpreter), or specialized equipment in the respite setting to assure health and safety.

## **APPROVAL - SUPPORT COORDINATOR**

Signature:

Date: