### Definition

**Respite care** is the short term supervision or care of a foster child, in an emergency or on an intermittent basis.

### Purpose

Respite care provides foster parents relief from the daily care of a foster child whose mental or physical condition requires special or intensive supervision or care. Respite care is an aid in the prevention of abuse of foster children, foster parent burnout and the loss of experienced quality foster parents.

### Eligibility

Respite care is available for children or youth whose placement is expected to last for 30 days or more, and whose care is paid by the Division.

The Division shall provide respite care, to the extent that funds are available, for foster children who are:

- persons with developmental disabilities and either on a respite care waiting list or not eligible for respite care from another program;
- medically demanding; or
- suffering from severe emotional problems that are manifested in serious behavior problems.

Respite care may be provided for other children who are in foster care to the extent that funds are available.

Up to 111 hours of respite care may be claimed for each eligible foster child or youth during each fiscal year. Refer to Section 405-5, Foster Care Support Services, General Provisions, page 2 regarding availability of funds.

**NOTE:** For respite eligibility for children in a therapeutic foster care program, refer to Policy Section 406-2 Medicaid Reimbursed Therapeutic Service and 406-3 Therapeutic Family Foster Care-Non-Medicaid.

### CAPS

After checking FSPL to ensure that respite has been entered as a service code, respite is requested by going to SERL, then SERP and entering the service SRESP. Once respite is approved, the foster parent will receive an invoice. The foster parent must complete the invoice and submit it to Operations and Fiscal Services Bureau in order to be paid.

### Out-of-Foster

The maximum rate for respite care provided outside the foster
Home Respite Care

Home respite care is $4 per hour per child for up to eight continuous hours or $32 per child for more than 8 hours and up to 24 hours.

If a child is placed in a second foster home for respite purposes and the plan is to return the child to the first foster home, foster care payments will not be discontinued to the first foster home during the time the child is absent. The first foster home will receive the respite allowance and pay the person who provided respite care. The hours and payments must be approved by the Child Protection Specialist in each instance prior to the respite being provided. The approval will be limited to:

- part-day respite (up to eight hours) paid at a maximum rate of $4.00 per hour;
- full-day respite (more than eight hours and up to 24 hours) paid at a maximum rate of $32.00 per day; and
- a maximum of 111 hours per fiscal year per child or a total amount of $444 per fiscal year.

In Foster Home

Respite Care Selection and Approval

If respite is to be provided in the foster parent(s)' home, the Regional Administrator must approve the request to make sure the foster parents are aware of the Federal and State laws which apply to in-home care and to determine the rate which will compensate for the extra requirements which may be involved.

The selection of the person to provide respite care is made by the foster parent. **Respite care may not be provided by CFSD staff.**

The foster parent should be directed to consider the ability of the respite care provider to meet the special needs of the foster child, and to provide safe, developmentally appropriate care to the child.

The request for respite care should be made by the foster parent on the Respite Care Payment Request & Worksheet (see page 3). Verbal requests may also be accepted.

The placing worker may deny the request if the respite care provider selected by the foster parent appears to lack the qualifications and ability to provide adequate care for the foster child.
References

Mont. Code Ann. § 52-2-627
Mont. Admin. R. 37.50.502 and 37.50.511
RESPITE CARE PAYMENT REQUEST & WORK SHEET

Respite care payment is requested for the following foster child(ren): ________________
(Reimbursement is limited to funds available for this purpose.)

Time period respite care payment is to cover:

beginning at _____ (am or pm), _______ date
and ending at _______ (am or pm), _______ date.

Estimated total hours of respite care __________.

Estimated total cost of respite care $ ________.

The respite care provider I have chosen is ______________________________

Telephone number __________ Address ______________________________

I understand that respite care payment is limited to payment for eligible foster children meeting
criteria set by the Department of Public Health and Human Services and within the Division’s
budget. I understand that I am responsible for paying the respite care provider and for
providing any instructions and training necessary for care of the child(ren). I also understand
that I may be responsible for meeting federally or state required employer obligations for any
respite care services which are provided within my home. I believe that the respite care
provider is a person of good moral character and has the qualifications and ability to provide
adequate care for my foster child(ren).

Signed _____________________________________
Foster Parent

(Route to Child Protection Specialist)

DPHHS Use Only: Approved _____ Not Approved _____
reason _________________________________________________________________

_________________________ _____________________________
Child Protection Specialist Child Protection Specialist Supervisor

If the request for respite care is approved, the foster parent will receive an invoice which must
be completed and returned in order for payment to be made.