

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATION
IN HOME RESPITE CARE
OUT OF HOME RESPITE CARE
Service Code 109 & 170**

SERVICE DEFINITION:

This service provides short term care, supervision and support to youth. This service may be offered in the youth's home or in a Department of Economic Security / Arizona Child Youth and Families (DES/ACYF) or an Arizona Department of Health Services/Division of Licensing Services (ADHSL) licensed facility; whichever is the most advantageous environment in meeting the youth's and family/guardian needs.

STANDARDS/LICENSURE REQUIREMENTS:

In-home service shall be delivered by staff of an Arizona Department of Health Services Division of Licensing (ADHSL) licensed outpatient clinic. Staff must have current CPR and first aid training.

Out of home respite service must be delivered in a DES/ACYF licensed Group Care Home or Shelter or an ADHSL licensed Inpatient or Behavioral Health Residential Treatment or Residential Facility.

UNITS OF SERVICE:

Respite may be provided for brief periods, from one to several hours, or may be provided on a twenty-four hour basis.

In home respite is billable in 30 minute increments: one unit equals 30 minutes, with a maximum allowable charge of no more than 8.5 hours per day. This service is limited to no more than fifteen days per client in a calendar year.

Out of home respite is billable in a 24 hour day: one unit equals one full 24 hour period. To be considered as a billable unit, the client must have been under supervision by the provider at 11:59 p.m. that day. This service is limited to no more than fifteen days per client in a calendar year.

SERVICE GOAL:

To provide relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and their family/guardian.

SERVICE TASKS (Out of Home):

1. Provide routine daily supervision to youth in a facility other than the youth's home.
2. Ensure provision of food to meet dietary needs.

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3. Provide transportation as needed to enable the youth to attend all scheduled appointments, school or court hearings.
4. Assist youth in obtaining needed services including medical, social, educational, and recreational.
5. Legibly document and prepare a report at service termination, but not less than once a month summarizing the youth's behavior, the number of hours of service provided, unusual incidents and activity schedule.
6. Maintain medication schedules.
7. Prepare and provide all required reports in accordance with AOC Standard Terms and Conditions.

SERVICE TASKS (In Home):

1. To provide daily supervision of the youth in the youth's home.
2. Prepare food to meet daily dietary needs.
3. Provide for the social, emotional, and physical needs of the youth.
4. Legibly document youth's activities and behaviors daily and also prepare a report not less than monthly and at service termination summarizing the youth's behavior, the number of hours of service provided, unusual incidents and activity schedule.
5. Provide, as necessary, transportation to attend all scheduled appointments, school or court hearings.
6. Maintain medication schedules.

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I have read and fully understand the requirements to provide In Home Respite Care / Out of Home Respite Care services, agree to all requirements and restrictions and propose the following rate:

Proposed Service Rate: Out of Home Respite (service code 109)

\$ _____ / day (24 hour period) in the following facility:
(Limited to no more than 15 calendar days / year)

Name _____ Phone _____
Address _____ License Type _____
_____ License Number _____

Proposed Service Rate: In Home Respite (service code 170)

\$ _____ / 30 minute increments
(8.5 hour maximum charge / day)

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: Out of Home Respite (service code 109)

\$ _____ / day (24 hour period) in the following facility:
(Limited to no more than 15 calendar days / year)

Name _____ Phone _____
Address _____ License Type _____
_____ License Number _____

Final Contract Rate: In Home Respite (service code 170)

\$ _____ / 30 minute increments
(8.5 hour maximum charge / day)

Other Agreement: _____

Contractor Signature / Date

AOC Signature / Date