Are there limits to the respite care you may receive? The following limits apply to the respite care you may receive:

1. For basic plus, core, and the children's intensive in-home behavioral support (CIIBS) waivers, the developmental disabilities administration (DDA) assessment will determine how much respite you may receive under chapter 388-828 WAC.

2. For the individual and family services (IFS) waiver, the dollar amount for your annual allocation in your IFS waiver limits the amount of respite care you may receive.

3. Respite must not replace:
   (a) Day care while your parent or guardian is at work; or
   (b) Personal care hours available to you.

4. If you receive respite in a private home, the home must be licensed to provide respite care unless the home is:
   (a) Your private home; or
   (b) The home of a relative under WAC 388-825-345.

5. If you receive respite from a provider who requires licensure, the respite services are limited to activities and age-specific criteria contained in the provider's license.

6. Your individual respite provider must not provide:
   (a) Other DDA services for you during your respite care hours; or
   (b) DDA paid services to other persons during your respite care hours.

7. Your primary caregivers must not provide other DDA services for you during your respite care hours.

8. If your personal care provider is your parent and you live in your parent's adult family home you must not receive respite.

9. DDA must not pay for fees - Such as a membership or insurance fee - Associated with your respite care.

10. If you require respite care from a licensed practical nurse (LPN) or a registered nurse (RN), respite services may be authorized using an LPN or RN. Respite services are limited to the assessed respite care hours identified in your person-centered service plan. Respite provided by an LPN or RN requires a prior approval by the regional administrator or designee.