

Title:	B3- Respite – Community Overnight	Code:	S5151 U4- facility H0045 U4- in home Add modifiers- HA-child HB-adult
Title:		Code:	
Type:	B3		
Effective Date:	June 14, 2014	Units:	Per Day (overnight rate)
Service Definition & Required Components			
<p>Respite services are designed to provide periodic support and relief to primary caregivers who care for children (ages 3 to 20) with mental health (MH), substance abuse (SA) and/or intellectual/developmental disabilities (I/DD) diagnoses, and for adults with I/DD. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in scheduled and unscheduled events away from the child or adult consumer described above, while still insuring care is delivered by an appropriately trained staff. Respite may include in and out-of-home services, activities in a variety of community locations, and may include overnight services.</p> <p>Respite services may be provided according to a variety of models. These may include weekend care, emergency care (family emergency based, not to include crisis respite), or continuous care up to ten (10) days. The respite provider addresses the health, nutrition and daily living needs of the child with MH, SA and/or I/DD diagnoses or the adult with I/DD. The individual does not need care that requires nursing oversight as defined by the NC Board of Nursing.</p> <p>The primary caregiver is defined as the person principally responsible for the care and supervision of the child with MH, SA and/or I/DD diagnoses or the adult with I/DD and must maintain his/her primary residence at the same address as the child or adult.</p>			
Provider Organization Requirements			
<p>Respite services must be delivered by staff employed by a mental health, substance abuse and/or intellectual/developmental disability provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina. Private home respite services serving individuals outside the individual's private home are subject to licensure under G.S. 122C Article 2 when:</p> <ul style="list-style-type: none"> • More than two individuals are served concurrently, or 			

<ul style="list-style-type: none"> • Either one or two children, two adults or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month. <p>Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p>
Staffing Requirements by Age/Disability
All Associate Professionals (AP) and Paraprofessional (PP) level persons who meet the requirements specified for AP and PP status according to 10 NCAC 27G 0104 may provide Respite.
Program and Staff Supervision Requirements
All AP and PP level staff must be supervised by a Qualified Professional (QP). Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204
Requisite Staff Training
<p>All Staff providing Respite services to children and/or adults must complete training specific to the required components of the respite definition within ninety (90) days of employment. The competency based training should include but is not limited to the following:</p> <ul style="list-style-type: none"> • Diagnosis and clinical issues regarding the population served • Client Rights • Confidentiality/HIPPA • Crisis Intervention and Response • Infectious/Communicable Diseases • CPR/ First Aid/Seizure Management • Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual • Protective Devices/Usage as appropriate for the individual • Cultural Diversity/Awareness • Child Development and/or I/DD specific training • Knowledge of the Service Delivery System • Medication Administration as appropriate for the individual • Person Centered Planning including goals and strategies
Service Type & Setting
This is a periodic service. This service may be provided in a variety of locations, including homes or facilities (to be approved by LME/MCO, according to licensure requirements noted under Provider Requirements above.)

Program Requirements
<p>Respite Services are delivered face-to-face with the child with MH, SA diagnoses and/or I/DD or adult with I/DD. The provider will ensure that the health, nutrition, supervision, and daily living needs of the child with MH, SA and/or I/DD diagnoses or the adult with I/DD are met during the respite event. The provider will seek and utilize caregiver input and instructions in the appropriate care and supervision of the person served. Respite care for children is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the child remaining within the home and community.</p>
Entrance Criteria
<p>The child with MH, SA and/or I/DD diagnoses or the adult with I/DD is eligible for this service when the person requires continuous supervision due to at least one identified disabilities as defined below:</p> <ul style="list-style-type: none"> • The person meets the potential eligibility criteria for the CenterPoint Innovations waiver but is not enrolled <p>OR</p> <ul style="list-style-type: none"> • CALOCUS level III or greater <p>OR</p> <ul style="list-style-type: none"> • ASAM criteria of II.I or greater <p>AND</p> <ul style="list-style-type: none"> • There is an Axis I or II diagnosis present <p>Or</p> <ul style="list-style-type: none"> • A current diagnosis of a developmental disability for children ages 3-20 and adults
Entrance Process
<p>A written person-centered plan (PCP) or individual service plan (ISP) should be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. It is expected that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also expected that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>

Continued Stay Criteria
<ul style="list-style-type: none"> • The primary caregiver continues to need temporary relief from care giving responsibilities of the child with mental health, substance abuse or developmental disabilities • The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver • For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.
Discharge Criteria
<p>Respite is no longer identified within the PCP or ISP; sufficient natural family supports have been identified to meet the need of the caregiver.</p> <p>The child or adult moves to a residential setting that has paid caregivers.</p>
Evaluation of Consumer Outcomes and Perception of Care
<p>The expected outcome of this service is maintenance of the child with MH, SA or I/DD diagnoses or the adult with I/DD within the residence of the primary caregiver. Continued utilization of this service will be determined by medical necessity reviewed every 180 days or more often as needed. The LME/MCO will review the quality, appropriateness, and comprehensiveness of the person centered plan. Each goal on the</p> <p>PCP/ISP is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
Service Documentation Requirements
<p>Minimum standard is a daily service note that meets the criteria specified in the Service Records manual and includes the name, Medicaid identification number, date of service, purpose of contact, describes the respite services activities includes the time spent performing respite service and includes the signature and credentials of the respite provider.</p>

Utilization Management

The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units (sixteen (16) hours a day) can be provide in a twenty-four (24) hour period. No more than 1536 Units (384 Hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved. Individual Respite cannot be provided for more than ten (10) consecutive days.

One (1) community (overnight) stay is comparable to sixteen (16) hours of service. Sixteen (16) hours will be subtracted from the total allowable hours (384) in a calendar year.

Note that Respite is not intended to be a crisis service. Appropriate crisis plans are expected to be included as part of the PCP/ISP included in Respite requests.

Service Exclusions

Respite shall not be provided or billed during the same authorization period as the following services:

- Residential Level II-Family Type
- Level II-IV Child Residential
- PRTF
- ICF-MR
- Residential services (state funded)
- Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services

Respite may not be provided at the same time of day as the following services:

- Day Treatment
- Multi-Systemic Treatment and
- Intensive In-Home Services

Respite Services for school aged children may not be provided while the child is in school. Respite services may be provided during regular school hours if the child is not in attendance (i.e. due to illness).

An individual can receive planned Respite services from only one (1) respite provider at a time.

The Respite services shall only be provided for the identified child with MH/SA diagnoses or I/DD or adult with I/DD; other family members, such as siblings of the individual, may not receive care from the provider while Respite is being provided/billed for the identified recipient. Respite shall not be provided by any individual who resides in the child's or adult's primary place of residence.