

Respite (b)(3) Waiver Service

H0045U4HA – Individual Respite (Child)

H0045U4HB – Individual Respite (Adult)

H0045HQU4HB – Adult Group Respite

H0045HQU4HA – Child Group Respite

SERVICE

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for children ages three to 21 with mental health, developmental disabilities or substance use/addiction service needs and for adults 21 and older with developmental disabilities. Persons receiving this service typically live in a non-licensed setting with non-paid caregiver(s). The following lists licensed exceptions to the residential setting: 1) Family Foster Care, 2) Level I Family Based Residential Treatment, 3) Level II Family Based Residential Treatment and 4) Alternative Family Living, according to the limits indicated in utilization management criteria. This service enables the primary caregiver(s) to meet or participate in planned or emergency events and to have planned time for himself/herself and/or family members. **Respite** may be utilized during school hours for sickness or injury. **Respite** may include in- and out-of-home services, inclusive of overnight, weekend care or emergency care (family emergency-based, not to include out-of-home crisis). **Respite** may be provided in an individual or group setting. The primary caregiver is the person principally responsible for the care and supervision of the member and must maintain his/her primary residence at the same address as the member.

Respite is a periodic service.

Respite may be provider-directed or member/family-directed.

PROVIDER REQUIREMENTS

Respite services must be delivered by staff employed by a MH/IDD/SU provider organization that meets the provider qualification policies, procedures and standards established by the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A N.C.A.C. 27G and NC G.S. 122C; providers must meet all N.C. Innovations Waiver provider requirements and be enrolled as a 1915(c) waiver provider if they serve members with developmental disabilities; and providers must meet any competencies specified by the N.C. Division of Medical Assistance (DMA).

Provider agencies that operate private respite homes are subject to licensure under NC G.S. 122C, Article 2, when: more than two individuals are served concurrently, or 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. Provider agencies, facility-based and in-home services are also subject to NC G.S. 122C.

STAFFING REQUIREMENTS

All associate professionals (AP) and paraprofessional-level persons who meet the requirements specified for associated professional and paraprofessional status according to 10 N.C.A.C. 27G 0104 may provide **Respite**.

All associate professionals (AP) and paraprofessional-level staff must be supervised by a qualified professional (QP). Supervision must be provided according to supervision requirements set forth in 10A N.C.A.C. 27G .0204. All staff providing **Respite** services to children and/or adults must complete training specific to the required components of the respite definition within 90 days of employment. The competency based training should include, but not be limited, to the following:

- Diagnosis and clinical issues regarding the population served
- Client rights
- Confidentiality/HIPAA/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
- Medication administration as appropriate for the individual

POPULATIONS ELIGIBLE

Children ages 3-21 (not living in a child psychiatric residential treatment facility/PRTF) and adults who are functionally eligible but not enrolled in the N.C. Innovations 1915(c) Waiver program

Children ages 3-21 who are not functionally eligible for the N.C. Innovations Waiver program but require continuous supervision due to a mental health diagnosis (CALOCUS level 3 or greater) or substance use diagnosis (American Society of Addiction Medicine (ASAM) criteria of 2.1 or greater).

Children ages 3-21 and adults with a developmental disability diagnosis.

UTILIZATION MANAGEMENT

A maximum of 64 units (16 hours a day) can be provided in a 24-hour period. No more than 1,536 units (384 hours or 24 days) can be provided to an individual in a fiscal year unless specific authorization for exceeding this limit is approved.

For members under 21 years of age, periodic **Respite** may be billed up to six hours on dates of service in which one of the following services is also delivered: Family Foster Care, Level I Family Based Residential Treatment, Level II Family Based Residential Treatment and Alternative Family Living.

SERVICE ORDERS

The service plan serves as the service order.

CONTINUED STAY CRITERIA

- The primary caregiver continues to need temporary relief from caregiving responsibilities of the child with mental health, substance abuse or developmental disabilities or an adult with 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 no other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.

DISCHARGE CRITERIA

Respite is no longer identified within the service plan; sufficient natural family supports have been identified to meet the need of the caregiver. The child or adult moves to a residential setting where **Respite** may not be provided and that has paid caregivers.

DOCUMENTATION REQUIREMENTS

If no other enhanced services are provided, a treatment plan must be completed within two weeks of initial date of service. If enhanced services are provided, a full PCP is required within two weeks of initial date of service.

Documentation that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM45-2) is required.

SERVICE EXCLUSIONS

Total expenditures for **Respite** cannot exceed the 1915(b)(3) resources available in the waiver. Individuals on the Innovations Waiver are not eligible for **Respite** (b)(3) funded services.

Respite may not be provided by family members who reside with the member.

This service may not be used as a daily service in individual support. Staff sleep time is not reimbursable. **Respite** services are only provided for the member. **Respite** care is not provided by any individual who resides in the member's primary place of residence. For members who are eligible for educational services under Individuals with Disabilities Educational Act, **Respite** does not include transportation to/from school settings. This includes transportation to/from member's home, provider home where the member is receiving services before/after school or any community location where the member may be receiving services before or after school. **Respite** may not be used for members who are living alone or with a roommate; staff sleep time is not reimbursable.

This service is not available at the same time of day as Supported Employment or one of the state plan Medicaid services that works directly with the person, such as Private Duty Nursing and behavioral health services such as Day Treatment.