

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 9/23

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| CHAPTER Service Delivery | | CHAPTER 03 | SECTION 001 | SUBJECT 0050 |
| SECTION Treatment | | SUBJECT Respite Services | | |
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall have guidelines to provide respite services to families in the community.

III. DEFINITIONS:

A. Eligibility:

1. For persons with intellectual disabilities: Any individual with an intellectual disability, who is eligible to receive services through the public mental health agency, and has a plan of service that outlines the need for respite.
2. For children with severe emotional disturbances (S.E.D.): Any child with S.E.D., living with his/her family, receiving public mental health services with a plan of service that outlines the rationale and plan for respite.
3. Meets criteria for medical necessity AND is a resident of St. Clair County and open with SCCCMHA.
4. Natural supports do not meet family's respite needs based on Respite Assessment for individuals with an intellectual disability.
5. Family requests respite service.
6. Adult or child living with family or other natural, unpaid support givers (ADULT support giver cannot be receiving paid support through Home Help/Chore Services or CLS). Cannot be receiving respite services from another program.
7. Children in foster care can receive respite when the placement is at risk.

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- B. Licensed Residential: A type of respite service that is provided overnight, in a licensed facility for 1-7 days per clinical protocols.
- C. Respite: A planned and coordinated service to **primary caregiver** providing them with temporary relief from the 24-hour responsibility of care and supervision.
- D. Short-term Residential Transfer: When an individual is placed in a specialized licensed setting for more than 30 consecutive days in order to accommodate the individual's needs. **This is NOT respite.**
- E. Trained Provider : A type of service where an individual is selected and trained by SCCCMHA or a contract agency to provide out-of-home respite, at various levels of intervention depending on the individual, at any given time.

**** Special Note:** None of the above respite services are intended to serve as traditional crisis intervention, therapy or a treatment modality. Respite cannot be used to supplement day care. It is not intended to be used while the parent/caregiver is at work/employment.

IV. STANDARDS:

- A. Respite is intended for beneficiaries whose primary caregivers typically are the same people day after day (e.g. family members and/or adult family foster care providers), and is provided during those portions of the day when the caregivers are not being paid to provide care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care.
- B. Services must only be provided on a short-term basis because of the need for relief of those persons normally providing the care of a waiver beneficiary during times when they are not being paid to provide care. Short-term means the respite service is provided during a limited period of time, for example, a few hours, a few days, weekends or for vacations.
- C. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work full time. Respite care services must only be provided on an intermittent or short-term basis due to the absence or need for relief of the parent. (In those cases, community living supports or other services of paid support or training staff, should be used.)
- D. Decisions about the methods and amounts of respite are decided during the person-centered planning process.
- E. Respite care may not be provided by a parent of a minor beneficiary receiving the service, the spouse of the beneficiary, the beneficiary's legal guardian, or the primary unpaid caregiver, . If someone is providing respite through Choice voucher or Self-directed services they can have their sibling be the respite provider.
- F. In keeping with Medicaid guidelines, respite funds will be used to stabilize the high-need child/adolescent, enabling them to remain in the home and community.

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V. PROCEDURES:

A. **Accessing Respite For Persons with Intellectual Disabilities (non-licensed/non-HSW/non-CWP) or Children with Severe Emotional Disturbance (SED)**

Person Requesting Services/Respite

1. Speaks with primary case holder regarding respite services.

Primary Case Holder

2. Explains types of respite available. Family states the needs. .
3. Discusses respite needs with Team and attempts to engage natural supports and / or community services if available to meet this need. (If no external supports are available develops a plan for respite and documentation must include the following:
 - a. Significant attempts to engage natural supports to meet the need.
 - b. Use of respite targeted at avoiding more restrictive service utilization and
 - c. Rationale for frequency / intensity of the service being utilized.
 - d. Completion of Respite Assessment (Form # 1040) for individuals with an intellectual disability OR compares CAFAS score to respite criteria for individuals with diagnosis of SED. (CAFAS scoring guide: 50-90 up to 2 hours per week/100-120 up to 4 hours per week/130-150 up to 6 hours per week/Above 150 – services must be in a plan that includes intensive community based mental health services. The amount of respite considered for authorization will be based on the recommendation made by the family - centered planning team to the program administrator.)
4. Explains the respite system to the family member, including:
 - a. Type (respite provider, summer camp, residential)
 - b. Rate
 - c. Documentation requirements
 - d. Provider types (background check)
 - e. Training responsibilities
 - f. Respite providers role and responsibilities
 - g. Consults with respite provider monthly
5. Continue with step C through F for all other respite.
6. Identify Respite needs and complete Individual Profile (Form #0316) and Consent (located in OASIS) completed. (See administrative procedures #03-002-0025).
7. Chooses a respite provider (either agency or a provider through Choice Voucher/Self-Directed Services) using established criteria, i.e. does the agency have capacity, from where the consumer already receiving services, etc. Arranges an initial interview between the family, individual and respite provider.
8. Authorizes type of respite (respite provider, respite camp) to be provided. Medical necessity must be fully established and documented for each new authorization. Ensures rationale for respite is clearly written into the Plan of Service. Updates the Weekly Activity Note, if using contracted provider, in OASIS and informs the provider agency which can be copied for the worker to ensure documentation is completed. Sends a copy of IPOS with authorization.

9. Provides training on the IPOS and completes training form (Form #0146).

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Respite Provider

10. If approved, provides respite as authorized by the Plan of Service and the Service Authorization Summary.
11. Adult & Children's Division: Completes a Weekly Activity Note, if using a contracted provider.
12. Prints Weekly Activity Note from OASIS . The Weekly Activity Note is scanned into OASIS within 5 business days.
13. Consults with primary case holder monthly.

Primary Case Holder

14. Verifies Weekly Activity Note, if using a contracted provider, with the Service Authorization Summary to ensure respite is authorized and is provided at level authorized.
15. If not accurate, will speak with family for accuracy/verification. If error occurred, will ensure worker resubmits correct data. If more hours utilized, primary case holder will speak with Supervisor for direction.
16. Will end respite when meeting any of the following criteria:
 - a. The family's need for respite has been substantially met.
 - b. The family is able to transition to community option/natural supports that would meet their respite needs.
 - c. The person no longer meets the admission criteria.
 - d. The family withdraws consent for respite services.
 - e. The family is non-compliant with the Family-Centered Plan of Service.
 - f. Relocates out of service area.
 - g. The person no longer resides with the family or the unpaid natural support.
 - h. Goals and dreams in the Plan of Service have been substantially met and the person no longer requires or desires respite services through SCCCMHA.

B. Accessing Respite For Licensed Residential Individuals

Primary Case Holder or Family

1. Contacts Respite Program or Placement Coordinator, as appropriate.

Placement Coordinator

2. Determines whether there is a vacancy available to accommodate the respite.

Primary Case Holder

3. Works with family/current primary case holder and licensed facility staff to arrange for respite. The licensed setting will require the following information:
 - a. Consent form (located in OASIS)
 - b. Standing Medication Order/SMO (residential only)

c. Copy of Current Immunization Record

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- d. Copy of Divorce or Separation Agreement (indicating custody, financial obligation – for children only)
- e. Any other Legal documents (adoption, restraining orders, guardianship)
- f. Medical card or other insurance card
- g. Physical Exam (residential only)
- h. Copy of Birth Certificate (residential only)
 - (1) Explains the available services and cost (cap).
 - (2) Informs Administrative Contract Manager if a contract is required (foster care).
Completes authorizations as required.
 - (3) Attends consult with Assistant Division Director and/or designee to request in home respite approval.

Administrative Contract Manager

- 4. Completes contract when appropriate.

Licensed Provider

- 5. Provides respite and by the third working day of the following month, forwards a completed Personal Care and Comprehensive Community Services Log (Form# 1024-A) to SCCCMHA Administration, who will then forward to the Primary Case holder.

Accessing Respite For Adult Services Only

- 1. Primary Case Holder:
 - a. Completes a case consult in OASIS and has supervisor sign it, as well as designated respite staff.
 - b. Monitors ongoing respite services for those receiving respite services.
 - c. Ensures current service authorization summary is obtained and verified before payment.

VI. REFERENCES:

None Available

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 07/91, 10/93, 09/95, 04/97, 11/97, 11/99, 10/01, 10/03, 02/06, 10/08, 10/10, 09/12, 09/13, 09/14, 01/16, 01/17, 01/18, 01/19, 1/20, 09/22.