LAKESHORE REGIONAL ENTITY
Respite Care Services

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:
http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

1. Definition or Description of Service

a. For the Children's Waiver Program, Respite care services are provided to the child on an intermittent or short-term basis because of the absence or need for relief of the parent. Respite is intended to support the parent who is the primary caregiver. This service can be provided by a qualified provider under contract with the CMHSP in the child's home, foster home, group home, licensed respite care facility, licensed camp, or the home of a friend or relative. A parent or guardian may not be considered a provider, nor be reimbursed for this service. All respite services are billed under HCPCS code T1005 – Respite Care Service 15 Min. – with modifiers as appropriate. The maximum respite allocation is 4,608 units (1,152 hours) per fiscal year.

b. For the Children's Waiver Program, the cost of room and board cannot be included as part of respite care, unless provided as part of the respite care in a facility that is not a private residence. Respite provided in an institution (i.e., ICF/IID, nursing facility, or hospital) is not covered by the CWP. When a child requires skilled nursing interventions for 24 hours, the maximum daily amount that one nurse can provide is 16 hours. When the family is not available to provide the additional eight hours of care, a second nurse will be required to provide services for the remainder of the 24-hour period. If a nurse provides respite to more than one child at the same time, the nurse can only provide skilled nursing interventions to one child at a time. Therefore, service for that child would be covered as RN or LPN respite, and services to the other child(ren) would be covered as aide level respite.

c. Respite care services provided under Section 17 of the Medicaid Provider Manual are intended to assist in maintain a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the Individual's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Respite is not intended to be provided on a continuous, long-term basis where it is part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports, or other services of paid support or training staff, should be used. Decisions about the methods and amounts of respite should be decided during person-centered planning. These services do not supplant or substitute for community living support or other services of paid support/training staff.

    i. "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
    ii. "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with a time period in between.
    iii. "Primary" caregivers are typically the same people who provide at least some unpaid supports daily.
    iv. "Unpaid" means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the Individual is receiving a paid State Plan (e.g., home help) or waiver service (e.g., community living supports) or service through other programs (e.g., school).
    v. Children who are living in a family foster care home may receive respite services. The only exclusion of receiving respite services in a family foster care home is when the child is receiving Therapeutic Foster Care as a Medicaid SED waiver service because that is considered in the bundled rate. (Refer to the Child Therapeutic Foster Care subsection in the Children's Serious Emotional Disturbance Home and Community-

Based Services Waiver Appendix of the Medicaid Provider Manual for additional information.)

d. Since adult beneficiaries living at home typically receive home help services and hire their family members, respite is not available when the family member is being paid to provide the home help service, but may be available at other times throughout the day when the caregiver is not paid.

2. Practice Principles

a. 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 elsewhere full time. In those cases, community living supports or other services of paid support or training staff should be used. The Individual's record must clearly differentiate respite hours from community living support services. Decisions about the methods and amounts of respite are decided during the person-centered planning process. Respite care may not be provided by a parent of a minor beneficiary receiving the service, the spouse of the Individual, the Individual's legal guardian, or the primary unpaid caregiver. Respite services may be provided in the following settings:
   i. Waiver beneficiary's home or place of residence.
   ii. Licensed foster care home.
   iii. Facility approved by the State that is not a private residence, such as:
      (1) Group home; or
      (2) Licensed respite care facility.
   iv. Home of a friend or relative (not the parent of a minor Individual or the spouse of the Individual served or the legal guardian) chosen by the Individual; licensed camp; in community settings with a respite worker training, if needed, by the Individual or family. These sites are approved by the Individual and identified in the IPOS.

b. Cost of room and board must not be included as part of the respite care unless provided as part of the respite care in a facility that is not a private residence. Respite provided in an institution (i.e., ICF/IID, nursing facility, or hospital) or MDHHS approved day program site is not covered by the HSW. The beneficiary's record must clearly differentiate respite hours from community living support services.

c. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.

d. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.

e. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

3. Credentialing Requirements

a. Services may be delivered by non-degreed staff that must meet the requirements for all providers and for aides as outlined in the Behavioral Health and Intellectual and Developmental Disabilities Supports and Services section of the Medicaid Provider Manual.

b. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.

c. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.

d. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.

e. Individuals who provide Respite Services must:
   i. Be at least 18 years of age.
   ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
   iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
   iv. Be in good standing with the law according to the MDHHS/PIHP contract
   v. Be trained in recipient rights.
   vi. Be able to perform basic first aid and emergency procedures.
   vii. Be an employee of the CMHSP or its contract agency, or an employee of the parent who is paid through a Choice Voucher arrangement. The Choice Voucher system is the designation or set of arrangements that facilitate and support accomplishing self-determination through the use of an individual budget, a fiscal intermediary and direct consumer-provider contracting.

4. Service Requirements

a. Services performed by Provider to the Individuals under this Agreement must be in direct accordance with the most current Individual Plan of Service (IPOS) and applicable ancillary documents such as nursing plans, occupational therapy plans, behavioral plans, etc. of the Individual(s) as developed through a person-centered planning process. Said documents are to be present (hard copy or electronically) at the service site and accessible to Provider's applicable direct-care staff whenever providing services to Individual(s) served under this agreement.

b. Provider will ensure and document that each Respite staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

c. Use of Restraint and Seclusion
   i. Seclusion and/or restraint shall not be used in the management of any individual. Facility-based programs shall maintain policies and procedures to ensure neither seclusion nor restraint are used in the home.
   ii. Child Caring Institutions (CCIs) shall follow licensing rules and the Mental Health Code Section 740 and 742, as applicable.

d. Respite care may be provided in the following settings:
   i. Individual's home or place of residence
   ii. Licensed family foster care home
   iii. Facility approved by the State that is not a private residence, (e.g., group home or licensed respite care facility)
   iv. Home of a friend or relative chosen by the Individual and members of the planning team
   v. Licensed camp
   vi. In community (social/recreational) settings with a respite worker trained, if needed, by the family
   vii. Licensed family child care home

e. Respite care may not be provided in:
   i. day program settings
   ii. ICF/IIDs, nursing homes, or hospitals

f. Respite care may not be provided by:
   i. parent of a minor receiving the service
   ii. spouse of the Individual served
   iii. Individual's guardian
   iv. unpaid primary caregiver

g. Provider shall complete all documentation of services in accordance with Medicaid regulations and submit according to CMHSP-established protocols.
h. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed.
i. Provider shall complete services documentation and records that meet the CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
j. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

5. Training Requirements

a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
b. Waiver eligibility requires verification of no change in waiver status.
c. The Lakeshore Region Guide to Services provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at www.lsre.org. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.