Respite Care

Definition: Care and supervision provided to individuals unable to care for themselves. Services are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. 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. Respite may be used on a regular basis to provide relief to caregivers or in response to a family emergency or crisis.

Respite Options:

Participant-Directed Respite is provided by a worker chosen by the participant and/or his/her representative. The participant or representative is the respite worker's employer. Participant-directed employers and workers must receive training through the SC Respite Coalition prior to starting services. Participant-Directed Respite is provided in 15 minute units.

Agency-Directed Respite is provided by a SC Department of Health and Human Services (SCDHHS) enrolled personal care provider or a DDSN Contracted provider. A list of providers for agency-directed respite can be found on the DDSN website. Agency-directed Respite is provided in 15 minute units.

Institutional Respite is provided on a daily basis in a SCDHHS contracted nursing facility (NF) or an Intermediate Care Facility for the Intellectually Disabled (ICF/IID). Institutional Respite may be provided in a SCDDSN Regional Center or in a community-based ICF/IID that has been approved by the State and that is not a private residence. The unit of service is one day when the participant is present in the facility at midnight.

Respite Care (excluding Institutional Respite) must be provided in the following location(s):

- Participant's home or place of residence, or other residence selected by the participant/representative
- SCDSS Licensed Foster Home
- Group home (i.e. CTH I or II)
- Licensed Respite Care facility
- Licensed Community Residential Care Facility (SCDHEC, SCDHHS)

One unit of Respite = 15 minutes

Respite can be provided, in 15 minute units, for up to sixteen (16) hours in a calendar day in a variety of settings. Sixteen (16) hours per day assumes eight (8) hours of sleep time. A caregiver may provide respite to only one participant during any given time frame and have only one caregiver providing services during any time frame. No overlapping time is permitted, regardless of where services are provided or number of caregivers providing services.

A caregiver may only provide a maximum of 40 hours (160 units) of services per week. This includes all time for all participants and programs.

For children under the age of 12, the waiver will only fund care that is directly related to the child's disability. The caregiver is responsible for care equal to that of parents of non-disabled children.

For children in Foster Care, the Waiver Case Manager must receive approval from the DSS worker before Respite can be provided. The approval must be documented in case notes.

A Respite caregiver and Personal Care Aide cannot render services at the same time. Respite services and Personal Care services are not interchangeable.

Persons receiving Residential Habilitation may not receive both Respite Care and Residential Habilitation on the same day through the ID/RD Waiver. A Respite caregiver and Personal Care Aide cannot render services at the same time. Respite services and Personal Care services are not interchangeable.

Institutional Respite will be provided in the following location(s):

- Medicaid-certified ICF/IID (SCDDSN, SCDHEC)
- Medicaid Certified Nursing Facility contracted with SCDHHS for Institutional Respite

Institutional Respite is provided in daily unit increments. See specific procedures for institutional respite later in this chapter.

One unit of institutional respite = one day

Service Limits: *Respite* (provided outside of a Medicaid-certified ICF/IID or NF) is limited to a maximum of 68 hours (272 units) per calendar month, as determined by SCDDSN assessment. Unused units from one month cannot be banked (i.e. held in reserve) for use during a later month.

Respite Limit Exceptions: An exception of up to 240 hours (960 units) per month may be authorized due to the following special need circumstances:

1) the caregiver's hospitalization or need for medical treatment;
2) the participant's need for constant hands-on/direct care and supervision due to a medically complex condition or severity/degree of disability; or
3) seasonal relief for those over age 12 who attend school and whose parents work, where care is needed during summer (June, July and August) break from school.

An exception over 240 hours (960 units) per month may be authorized if applying the limits would create a substantial risk that the individual would no longer be able to live in the community, but would, because of the limit in services, have to be institutionalized. These requests must be approved SCDHHS.

To request an exception, the Waiver Case Manager must complete the Exception Request section of the Respite Assessment and submit it to the SCDDSN Waiver Administration Division.

Note: Severe disability means that the person has substantial physical or behavioral impairment or disability such that the degree of impairment or disability requires extensive hands-on assistance or total care on a routine basis.

Note: Medically complex means that the person has a serious medical condition resulting in substantial physical impairment or disability requiring comprehensive care management defined as extensive hands-on assistance or total care on a routine basis. The person needs extraordinary supervision and observation OR The person needs frequent and/or lifesaving administration of specialized treatments.

Providers:

Participant-directed respite is provided by workers selected by the participant or the participant's designated responsible party/employer. Participant-directed respite workers and participant-directed employers must receive training through the SC Respite Coalition.

Agency-based respite is provided by agencies contracted with SCDHHS to provide Personal Care II services and DDSN Contracted Providers. A list of available providers should be given to the participant/family and a choice of provider must be offered.

A list of DHHS enrolled providers and DDSN Contracted providers can be found on the DDSN website.
DHHS Enrolled Providers: https://app.ddsn.sc.gov/public/ndp/landing.do?providerType=M
DDSN Contracted Providers: https://app.ddsn.sc.gov/public/directory/landing.do#

Respite Care cannot be provided by a person who is legally responsible for the participant. Please refer to Department Directive 735-02-DD. However, family members may be paid to provide Respite in certain circumstances. Family members/relatives wishing to receive payment for Respite Care rendered must complete the Statement of Legal Responsibility for Respite Services (ID/RD Form 31), acknowledging that they are not a primary caregiver of the participant and that they are not legally responsible for the participant, prior to the authorization of services. The Statement of Legal Responsibility for Respite Services (ID/RD Form 31) should be maintained in the participant's file.

Home Supports Caregiver Certification
For participants who receive respite through a DDSN qualified provider, the Home Supports Caregiver Certification must be completed. The form and guidance can be found in business tools – forms.

Conflict Free Case Management
In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for and Authorizing Services: Once it is determined that Respite Care is needed, the need for the service and the amount and frequency of the service must be documented in the participant's Support Plan. Completion of the SCDDSN Respite Assessment is required prior to authorizing the service (except in emergency/crisis situations) and annually face to face for the duration of the service to be included with the Case Management Annual Assessment and as changes/updates are requested.

The SCDDSN Respite Assessment is designed to supplement the Case Management Assessment in providing detailed information regarding the participant's difficulty of care and to determine the caregiver's stress level and identify other information related to the need for Respite. The information gathered from the assessment will help the Waiver Case Manager/Early Interventionist determine how many units of Respite are appropriate to meet the needs of the participant and his/her caregiver.

Once the frequency has been determined, the Waiver Case Manager will request approval to the SCDDSN Waiver Administration Division. The participant must be given a choice of providers, and the offering of

choice must be documented. In the case of an emergency or crisis situation, choice may not be an option. The Waiver Case Manager should clearly document this in the participant's file.

Upon approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Ongoing Respite services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Participant-directed respite
If the participant/family chooses the participant-directed respite option, the WCM will refer the participant/family and their chosen respite worker to the SC Respite Coalition. The intake form can be obtained from the SC Respite Coalition.

SC Respite Coalition
Columbia area: (803) 935-5027
Toll Free: (866) 345-6786
Email: info@screspitecoalition.org
https://www.screspitecoalition.org/

Employer Pre-Screening Tool (For participant-directed respite only): If after initial discussions, the participant wants to proceed with the participant-directed option for respite, the ***Employer Pre-Screening Tool*** must be completed by the WCM for any participant/representative interested in serving as the employer/responsible party. The Pre-Screening Tool is completed in order to ensure the participant/representative has no communication or cognitive deficits that will interfere with direction. See Employer Pre-Screening Tool located in Business Tools – Forms.

The WCM is responsible for ensuring the participant/responsible party understand the pros and cons of this service. Participant-Directed Respite requires the participant/responsible party to actually be an "Employer" of a "Worker" and maintain all paperwork and requirements needed to perform this task.

Institutional Respite

If institutional respite is identified as a need, the WCM must identify which facilities have availability to provide respite so a choice of provider can be offered. To request this service, the WCM may complete the ***Request for Institutional Respite*** form and send via SComm to ***DDSN, Residential Request/Residential Service Request***. The use of this form is not required to request institutional respite, however, the information provided in this form is needed to determine if a facility can meet the needs of the participant provided they have availability.

Once a provider has been chosen and availability has been confirmed, the WCM will submit a plan change request through the Waiver Administration Division. If approved, the WCM will prepare an Admissions Packet and submit to the appropriate staff at the Regional Center or community-based ICF/IID chosen.

The admissions packet must include:

- Medication Administration Schedule
- Psychological Evaluation
- Behavior Support Information (if applicable)
- Support Plan
- Nutritional Information

- Physical (completed within 30 days prior to start of Respite)
- Tuberculosis Test (2 step)
- Social History

The participant should bring, at a minimum, the following items when reporting to an ICF/IID or nursing home for Respite Care:

- Medications in their original containers
- Spending money
- Medicaid Card
- Private Insurance Card
- Clothing
- Toiletries
- Durable Medical Equipment and Supplies (e.g. diapers, wipes, etc.)

In cases of an emergency/crisis, some of this information may not be present initially, but should still be obtained and forwarded to the Regional Center Placement Coordinator or the Provider Residential Director.

Under extreme circumstances, when the anticipated duration of Institutional Respite is not known, the service should be authorized for forty-five (45) days.

If the participant is receiving Institutional Respite in a SCDDSN Regional Center, a staffing must be held within 30 days of beginning services. The SCDDSN Regional Center Staff will coordinate this meeting. The Waiver Case Manager, responsible party/family (if applicable), and Regional Center Staff must be present at the staffing. Discussions will be held in regards to the participant's progress and a decision will be made as to whether or not the participant will continue to receive Institutional Respite.

If the staffing team recommends that the participant be admitted to the Regional Center, the following steps must be completed:

- For participants who reside at home with family (not in a community residential setting), the Waiver Case Manager must initiate the Request for Residential Services. (Please refer to ***SCDDSN Directive 700-09-DD Determining Need for Residential Services*** for procedures and forms).

If more restrictive placement/critical circumstance for placement in an ICF/IID is approved, the following steps should be completed.

- The Waiver Case Manager will notify the Placement Coordinator that the placement has been approved.

- Regional Center staff will complete an ICF/IID Level of Care if the participant has **ever** been admitted to an ICF/IID. If the participant is a new admission, the ICF/IID Level of Care will be completed by DDSN Eligibility Division. The Regional Center Staff will be responsible for submitting this packet to the Eligibility Division.

- Upon notification that the participant has met ICF/IID Level of Care, the Claims and Collections Officer will notify the Waiver Case Manager and the appropriate District ID/RD Waiver Coordinator that the participant is ready to be admitted to the Regional Center.

- The Waiver Case Manager will complete the Notice of Disenrollment (ID/RD Form 17) within two (2) working days and end the authorization for Institutional Respite Care.

- The Waiver Case Manager will terminate all other waiver services.

- The Claims and Collections Officer/Person Completing DHHS Form 181 will check the Waiver Tracking System to ensure that the participant has been disenrolled from the ID/RD Waiver before proceeding with admission of the participant to the ICF/IID and completing DHHS Form 181. A copy of DHHS Form 181 form will be forwarded to the Waiver Enrollments Coordinator. If the Claims and Collections Officer notes that the participant continues to remain enrolled in the ID/RD Waiver, he/she will notify the appropriate Waiver Enrollment Coordinator.

If the staffing team recommends that the participant continue to receive Institutional Respite at the SCDDSN Regional Center, the following steps must be taken:

- Another staffing must be held within 30 days of the initial staffing. The SCDDSN Regional Center Staff will coordinate this second meeting. The Waiver Case Manager, responsible party/family (if applicable), and Regional Center Staff **must** be present at the staffing. Discussions will be held again regarding the participant's progress, and a decision will be made as to whether or not the participant will continue to receive Institutional Respite or if the team recommends admission to an ICF/IID.

    - If it is decided that the participant will continue to receive Institutional Respite, the Waiver Case Manager must request approval of the additional units from the SCDDSN Waiver Administration Division. Upon approval, a new electronic authorization must be completed and submitted to the institutional respite provider.

    - If the team recommends that the participant be admitted to an ICF/IID, the procedures outlined above must be followed.

Depending on the circumstances surrounding the need for Institutional Respite, multiple staffings may result in a decision that Institutional Respite Care continue for an extended period of time. The above steps must be followed and a staffing must be held at least every 30 days. SCDDSN Central Office must be notified as outlined above.

Note: While a participant is receiving Institutional Respite, he/she may continue to receive Assistive Technology (medical supplies) through the waiver. Various Day Services can also be funded through the waiver if ICF staff will agree to accommodate the participant in transport to and from the Day Facility. All other waiver services, except Waiver Case Management, must be suspended or terminated.

Monitoring Services: The Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;

- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

- Is the participant receiving Respite Care as authorized?
- Does the provider show up on time and stay the scheduled amount of time?
- Does the provider show the participant courtesy and respect?
- Is the participant satisfied with the current respite provider?
- Does the caregiver feel that he/she is receiving enough relief from providing for the participant's care?
- Does the service need to continue at the current amount/frequency?
- Is there need for additional Respite to be requested at this time?
- Is the participant pleased with the care being provided, or is assistance needed in obtaining a new caregiver?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the reconsideration/appeals process.