(b)(3) Respite
Children MH/ID/DD/SUD and
Adults with Developmental Disabilities
Medicaid Billable Service
Effective 04-01-07
Revised 12-20-10
Revised 12-02-13
Revised 04-22-14
Revised 11-20-15

CODES:
H0045-U4 = Individual Respite
H0045-HQ-U4 = Group Respite
T1005-TD-U4 = Nursing Respite-RN
T1005-TE-U4 = Nursing Respite-LPN

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for children ages three (3) to twenty (21) with mental health, developmental disabilities or substance use/addiction service needs, and for adults 21 and over with developmental disabilities. 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 and to have time away from caring for the member. Respite may include in and out-of-home services, activities in a variety of community locations, and may include overnight services. Respite services may be provided according to a variety of models. These may include weekend care, emergency care (family emergency based) or continuous care.

The primary caregiver is defined as the person principally responsible for the care and supervision of the MH/ID/DD/SA child or adult with developmental disabilities and must maintain his/her primary residence at the same address as the child or adult.

Medicaid shall cover procedures, products, and services when they are medically necessary, and

- the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary’s needs;
- the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary’s caretaker, or the provider.

Provider Requirements
Respite services must be delivered by staff employed by a MH/ID/DD/SA 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 N.C.A.C. 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that
they meet these standards by being endorsed by Cardinal Innovations Healthcare Solutions. 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 members outside their private home are subject to licensure under G.S. 122C Article 2 when:
- More than two members are served concurrently, or
- Either one or two children, two adults or any combination thereof is served for a cumulative period of time exceeding 240 hours per calendar month.

### 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 Planned Respite.

All Associate Professionals (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. 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 ninety (90) days of employment.

This service may be self-directed under the Agency With Choice Model.

### Service Type/Setting
This is a periodic service.

This service may be provided in a variety of locations, including homes, or according to licensure requirements noted under Provider Requirements above.

### Program Requirements
Respite services are delivered face-to-face with the MH/ID/DD/SA child or adult with developmental disabilities.

The provider will ensure that the health, nutrition, supervision and daily living needs of the MH/ID/DD/SA child or DD adult 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 MH/SA 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 MH/SA child remaining within the home and community.

### Utilization Management
Prior authorization is required for this service. The amount, duration and frequency of the service must be included with the member’s Individual Support Plan or Service Plan. If a member is in other enhanced services, this service must be included in the Person-Centered Plan (PCP). Respite services are authorized only to the extent that there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or
substitute care. Respite is not authorized when other members of the household can meet the care needs of the member in order to provide relief to the primary caregiver(s) or when there are other more clinically appropriate services to address the identified need.

This service may be provided in a group setting. Minimum Staff-to-Member ratio in a group setting will be 1 to 8.

The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units or 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 a member in a calendar year unless specific authorization for exceeding this limit is approved.

**Entrance Criteria**

Eligibility requirements for this service are as follows: *(Please see the important note below regarding entrance criteria for members with intellectual disabilities or developmental disabilities.)*

Children ages 3 to 21:
- Functionally eligible for the Innovations waiver* but not enrolled in the Innovations waiver OR
- Diagnosed as having a developmental disability OR
- Not functionally eligible for the NC Innovations waiver but require continuous supervision due to a MH diagnosis (CALOCUS level III or greater) or SA diagnosis (ASAM criteria of II.1 or greater)

Adults ages 21 and older:
- Functionally eligible for the Innovations waiver but not enrolled in the Innovations waiver OR
- Diagnosed as having a developmental disability

**Functional eligibility for the NC Innovations waiver means that the member meets ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) level of care criteria as summarized below:**
- Has been diagnosed with an intellectual disability prior to the age of 18 OR
- Has been diagnosed with a related condition prior to the age of 22 that is likely to continue indefinitely (such as a developmental disability or a traumatic brain injury) AND
- Has substantial limitations in three of six major life activity areas (self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living) AND
- Requires active treatment to enable the member to function as independently as possible and prevent or delay loss of optimal functional status. Active treatment is defined as a “continuous program that includes aggressive, consistent implementation
of specialized and generic training, treatment, health services and related services.”

Note: ICF/IID criteria are in NC DMA Clinical Coverage Policy 8-E, Section 3, on the DMA website at [http://www.ncdhhs.gov/dma/mp/index.htm](http://www.ncdhhs.gov/dma/mp/index.htm).

### 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 not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.
- AND
- There are no other clinically appropriate services that are consistent with community standards of care, based on the presenting diagnosis.

### Discharge Criteria

- Respite is no longer identified within the Individual Support Plan or Service Plan.
- OR
- Sufficient natural family supports have been identified to meet the need of the caregiver.
- OR
- The child or adult moves to a residential setting that has paid caregivers.

### Expected Outcomes

Maintenance of MH/ID/DD/SA child or adult with developmental disabilities within the residence of the primary caregiver.

### Service Orders

If the service is needed primarily to treat a MH/SA diagnosis, a Master's level behavioral health professional licensed by the state of North Carolina. If the service is needed primarily to treat an ID/DD diagnosis, a Qualified Professional in ID/DD orders this service.

### Documentation Requirements

Provider must have a comprehensive clinical assessment for MH/SUD and appropriate psychological testing with adaptive functioning for ID/DD, medical documentation to support that health condition, and adaptive testing for other developmental disabilities that support admission criteria prior to initiation of services.

A valid Individual Support Plan, Person-Centered Plan or Service Plan.

Minimum standard is a daily full service note or grid that meets the criteria specified in the Service DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2). Service notes include, but are not limited to

- the member’s name
- Medicaid identification number
• date of service
• name of the service provided
• duration of the service
• purpose of contact
• the provider’s interventions, including the time spent performing the interventions
• the effectiveness of the intervention
• the signature, credentials and job title of the staff providing the service

Service grids are completed daily or per activity to reflect the service provided. All documentation must relate directly to the goal(s) listed in the participant’s current plan. Refer to DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) for a complete listing of documentation requirements.

For members with MH and SUD, a new clinical assessment should be completed at least annually to reassess needs. For ID/DD members, it is recommended that testing or evaluations should occur at least every three (3) years for children and five (5) years for adults.

### Service Exclusions/Limitations

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

- Other 1915(b)(3) services or alternative services
- Other State Plan Medicaid services that work directly with the person

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/IID
- Residential Services (state funded)

Respite may not be provided at the same time of day as other Medicaid-funded or state-funded services.

Respite services shall only be provided for the identified MH/ID/DD/SUD child or adult with developmental disabilities; other family members, such as siblings of the member, may not receive care from the provider while Respite Care is being provided/billed for the identified recipient.

Respite shall not be provided by any member who resides in the child or adult’s primary place of residence.

(b)(3) services, with the exception of Psychiatric Consultation, are not available to participants of all state 1915(c) waivers.

(b)(3) services are only available up to the capitation amount provided to fund these services.

This service may not be provided by family members.
Administrative activities such as writing service notes or completing TARs are not billable activities.