

Respite Care

Revised April 2022

Definition

Respite Care is assistance and supervision provided to a HASCI Waiver participant due to a short-term absence of or need for relief by those normally providing unpaid care. It can be provided on a periodic and/or emergency basis to relieve one or more unpaid caregivers.

The service may include hands-on assistance or direction/cueing for personal care and/or general supervision to assure safety. It may include skilled nursing procedures only if these are specifically delegated by a licensed nurse or as otherwise permitted by State law.

Respite Care may be provided in a variety of community or institutional settings. Federal Financial Participation (FFP) will not be claimed for cost of room and board except if Respite Care is provided in a facility approved by the State that is not a private residence.

Service Unit

Non-Institutional Respite Care: one unit equals 15 minutes

Institutional Respite Care: one unit equals one (1) day when the participant is present at midnight

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

Non-Institutional Respite Care may be provided in the following locations:

- Participant's home or other private residence
- Group home:
 - SCDDSN licensed residence (CTH-I or CTH-II)
 - SCDHEC licensed Community Residential Care Facility (CRCF) operated by an agency contracted with SCDDSN

Institutional Respite Care on a daily basis may be provided in the following locations:

- Medicaid-certified hospital

- Medicaid-certified nursing facility (NF)
- Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID); this may be a SCDDSN Regional Center or a community ICF/IID

Respite Care cannot substitute or be an ongoing supplement to a participant's authorized Attendant Care/Personal Assistance or Medicaid Waiver Nursing funded by the HASCI Waiver. There must be one or more identified unpaid caregivers to be relieved.

Within the authorized units, Respite Care may be provided on the same days that Attendant Care/Personal Assistance and/or Medicaid Waiver Nursing is received, but must be provided at different hours.

The amount of Non-Institutional Respite care approved takes the entire waiver service package into consideration, including services such as Attendant Care/Personal Assistance and Medicaid Waiver Nursing.

Except in extreme circumstances, Non-Institutional Respite Care may not exceed 64 units per calendar day. Unless there is clear justification, Respite Care does not include time when the participant/Respite Care worker is sleeping. To exceed 64 units per day, prior approval must be obtained from the Waiver Administration Division; approval may be time limited.

Note: 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.

Note: 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.

Note: Participants receiving Residential Habilitation may not receive both Respite Care and Residential Habilitation on the same day through the HASCI Waiver.

Note: A Respite caregiver and Attendant Care/Personal Assistance Provider cannot render services at the same time. Respite services and Attendant Care/Personal Assistance Services are not interchangeable.

Providers

Non-Institutional Respite Care may be provided by the following:

- An agency or company directly enrolled with SCDHHS as a DDSN Waiver provider for HASCI Waiver participants.

Institutional (Daily) Respite Care may be provided by the following:

- SC Medicaid-certified hospital
- SC Medicaid-certified nursing facility (NF)
- SC Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). This may be a SCDDSN Regional Center or a community ICF/IID.

Conflict Free Case Management (effective June 1, 2021):

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 and Authorizing the Service

When it is determined Respite Care is needed and desired on a periodic, occasional, or emergency basis to provide relief to one or more identified unpaid caregivers, the need must be clearly documented in the participant's Support Plan. Completion of the HASCI Waiver Respite Assessment is required prior to authorizing the service (except in emergency/crisis situations). Also, once the service is approved and authorized, this assessment must be completed annually face to face for the duration of the service as part of the Annual Assessment, and as changes/updates are requested. The HASCI Waiver 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 determine how many units of Respite are appropriate to meet the needs of the participant and his/her caregiver.

For Institutional Respite Care, admissions are often restricted due to bed availability and appropriateness/capability of a hospital, NF, or ICF-IID to accept a particular individual. Additional referral procedures/forms may be required by the hospital, NF, or ICF-IID. The Waiver Case Manager must inquire about any Respite Care referral procedures required by that facility and follow-up as necessary.

Prior to authorization of the service, the participant's Support Plan must be updated to clearly reflect the name of the service and funding source, the amount, frequency, and duration of the service, and service provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDSSN Waiver Administration Division. Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

The participant or representative must be offered choice among types of Respite Care available through the HASCI Waiver and must be offered choice of available providers. It must be clearly documented in Case Notes that these options and choices were offered, as well as the selection(s) made by the participant or representative.

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

- *Authorization for Respite Care* billed to the South Carolina Department of Health and Human Services must be made out to the Respite Care Agency.
- *Authorization for Respite Care providers certified by Respite Coalition* must be made out to the Fiscal Agent.

The Waiver Case Manager must complete a new service authorization(s) if there is a change in the number of hours of service to be provided to the Waiver participant. The Waiver Case Manager must forward copies of all service authorizations to the Waiver participant.

- If Institutional Respite Care will be provided, an electronic authorization must be completed and submitted to the chosen provider.

Billing

The service must be direct-billed to SCDHHS. The provider is responsible to determine and follow SCDHHS billing procedures.

- The provider is responsible for maintaining documentation that service was rendered for each unit billed.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the

service. 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 monitorship 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 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?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information must be entered into STS by the Waiver Case Manager as necessary.