Respite Care

Revised October 2023

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.

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. Respite Workers must be certified through the SC Respite Coalition prior to service implementation. Participant-Directed Respite is provided in 15 minute units.

Agency-Directed Respite is provided by a South Carolina Department of Health and Human Services (SCDHHS) enrolled attendant care provider or a SCDDSN contracted provider. A list of providers for Agency-Directed Respite can be found on the SCDDSN website. Agency-Directed Respite is provided in 15 minute units.

Institutional Respite is provided daily in a SCDHHS contracted Hospital, 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/IDD 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.

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

Service Limit / Restrictions

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

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

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

- Medicaid-certified hospital
- Medicaid-certified Nursing Facility (NF) contracted with SCDHHS for Institutional Respite
- 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.

Respite Care cannot be provided by a person who is legally responsible for the participant. Please refer to DDSN 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* form, 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 must be maintained in the participant's file.

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

Notes:

- 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.
- Participants receiving Residential Habilitation may not receive both Respite Care and Residential Habilitation on the same day through the HASCI Waiver. A Respite caregiver and Attendant caregiver cannot render services at the same time. Respite services and Attendant Care services are not interchangeable.
- 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:

- *Agency-Directed Respite* is provided by agencies directly enrolled with SCDHHS to provide Attendant Care services or a SCDDSN contracted provider.
- *Participant-Directed Respite* is provided by workers selected by the participant or the participant's designated responsible party/employer. Participant-Directed Respite workers and employers must receive training through the SC Respite Coalition.

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

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 SCDDSN 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 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 determine how many units of Respite are appropriate to meet the needs of the participant and his/her caregiver.

If after initial discussions, the participant wants to proceed with Participant-Directed 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.

If the participant/family chooses the Participant-Directed Respite option, the Waiver Case Manager 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/

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 name(s) of the approved Respite worker(s) must be listed in the comments section of the authorization. The Waiver Case Manager must forward copies of the service authorization to the Waiver Participant, and 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.

Institutional Respite

Prior to requesting Institutional Respite provided at a Regional Center, all other respite resources must be exhausted. Respite resources include but are not limited to; natural

supports, waiver funded in-home supports and/or respite in a contracted residential facility operated by DDSN. Evidence that all other resources have been exhausted must be provided or available in the record.

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.

To request Institutional Respite Care in a Regional Center, the Waiver Case Manager must complete the ***Request for Institutional Respite*** form, located in business tools, and send via SComm to the ***DDSN, Residential Request/Residential Service Request.*** The subject of the SComm must include the person's *last name, first name (Request for Regional Center Institutional Respite).* Approval of Regional Center Institutional Respite is contingent upon availability and need.

The Residential Review Committee will review the request to ensure other resources have been attempted and the request is appropriate. If the request is accepted, the Waiver Case Manager will be informed via SComm and information will be forwarded to the Regional Center Administrative Coordinator. To inquire about the status of the request, the Waiver Case Manager may contact the Regional Center Administrative Coordinator directly.

If the request is approved and availability confirmed, the Regional Center Administrative Coordinator will complete the bottom portion of the first page of the ***Request for Institutional Respite*** form and send to the Waiver Case Manager and the ***DDSN, Residential Request/Residential Service Request*** SComm box. The Waiver Case Manager will then submit a plan change request through the Waiver Administration Division. The Waiver Case Manager will prepare an Admissions Packet and submit to the appropriate staff at the Regional Center prior to the identified admission date.

The Admissions Packet must include:

- Request for Institutional Respite form
- 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 for Institutional 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 chosen provider when available.

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 regard 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 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 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.

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.

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

- For participants who reside home with family (not in a community residential setting), the Waiver Case Manager must initiate the ***Request for Residential Services.***
- If Regional Center placement is approved, the Waiver Case Manager will be notified via SComm.
- 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 the 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 HASCI Waiver Enrollment Coordinator that the participant is ready to be admitted to the Regional Center.
- The Waiver Case Manager will complete the Notice of Termination (HASCI Form 8) 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 or designated staff completing the DHHS 181 form will check the Waiver Tracking System (WTS) to ensure the participant has been terminated from the HASCI Waiver before processing with the admission and completing the DHHS 181 form. A copy of the DHHS 181 form will be forwarded to the Waiver Enrollment Coordinator. If it is discovered that the participant continues to remain enrolled in the HASCI Waiver, the Waiver Enrollment Coordinator will be notified.

Only individuals who meet ICF/IID Level of Care may be admitted to a Regional Center.

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. SCDDSN 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.