

## Respite Care

**Definition:** Care and Supervision provided to those participants unable to care for themselves. Services are provided due to the short-term absence or need of relief of those normally providing care. Respite is provided in a variety of settings. FFP will not be claimed for the cost of room and board except when provided as part Respite provided in a facility approved by the State that is not a private residence. Respite may be provided in the following locations:

- Participant’s home or other private residence selected by the participant/representative;
- Group home;
- Foster home;
- Medicaid Certified Nursing Facility;
- Medicaid Certified ICF/IID; and/or,
- Licensed Community Residential Care Facility

**Note:** Respite Services and In-Home Supports may not be provided simultaneously.

**Note:** In-Home Support should also be discussed as an option to Respite when identified needs can be met by either service.

*“Hourly respite”* can be provided up to twenty-four (24) hours in a calendar day and in a variety of settings.

*“Institutional respite”* is provided in a hospital, nursing facility (NF), an Intermediate Care Facility for the Individuals with an Intellectual Disability (ICF/IID), or SCDDSN Regional Center which has been approved by the State and which is not a private residence.

**Note:** Respite Services cannot be provided to CSW participants who reside in a Community Residential Care Facility (CRCF).

**Issues regarding payment of respite caregivers for overnight care should be addressed according to the DSN Board/Respite Provider policy and should be included in the agreement between the DSN Board/Respite Provider and the Respite Caregiver.**

**Providers:** *Hourly respite* can be provided in the participant’s home or place of residence or another residence selected by the participant/representative. This service may be provided by people who are hired/contracted by the local DSN Board or Qualified Provider and meet all of the caregiver minimum qualifications.

The respite services provider must meet all provider qualifications and training requirements outlined in SCDDSN’s “Waiver Funded Home Supports, Caregiver Certification” or be a DSN Board employee. Respite services cannot be provided by a participant’s primary caregiver as defined by the State of South Carolina. Family members/relatives of the participant may be paid to provide respite when the family member/relative is not legally responsible for the customer and he/she meets all provider qualifications. Please see Department **Directive 735-02-DD** entitled “**Relatives/Family Members Serving as Paid Providers of Respite Services**”.

Respite services can also be provided to participants by an agency contracted with the Department of Health and Human Services to provide Personal Care services. The participant/family should be given a listing of available providers from which to choose.

**Determining the amount of respite needed:** Respite is a unique service. It can be provided in a variety of setting, in a variety of ways. Often Respite is used in response to a family emergency or crisis. For many participants, it is used on a regular basis to provide relief to caregivers. For participants whom Respite is identified as an ongoing service that will be needed on a regular basis, completion of the **SCDDSN Respite Assessment** is required (except in emergency/crisis situations) prior to authorizing the service and annually face to face for the duration of the service to be included with the Annual Assessment and as changes/updates are requested.

The **SCDDSN Respite Assessment** is designed to provide you with detailed information regarding the consumer's difficulty of care, the caregiver's stress level, and other information related to the need for Respite. The information gathered from the assessment should help you to determine the amount of Respite appropriate to meet the needs of the participant and their caregiver. The information included in the **SCDDSN Respite Assessment** should support the amount of Respite requested/provided. Instructions regarding completion of the **SCDDSN Respite Assessment** are included on the form

**Arranging for hourly respite:** Once it is determined that respite services are needed; the need for the service; the amount needed and the frequency with which the service is to be provided must be clearly documented in the plan. For *hourly respite*, **one unit = one hour**. Each participant must be given a choice of providers of this service and **the offering of choice must be documented.** Upon approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

- If Respite Care is provided by an agency or company enrolled with SCDHHS as a Respite Care Services provider, the authorization must be made out to the Respite Care Agency and the service must be Direct-billed to SCDHHS. This must be indicated on the authorization.
- If Respite Care is provided by a DSN Board or other qualified provider contracted by SCDDSN, the authorization must be made out to the entity that pays the respite caregiver (s). The service must be board-billed to the participant's SCDDSN Financial Manager Agency. This must be indicated on the authorization.
- Authorizations for Respite Care (the Statewide Respite Program certified by Respite Coalition) billed to the Fiscal Agent must be made out to the Fiscal Agent.

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.

- If Institutional Respite Care will be provided, an electronic authorization must be completed and submitted to the chosen provider. The service must be board-billed to the participant's SCDDSN Financial Manager Agency. This must be indicated on the authorization.

**Issues regarding payment of Respite caregivers for overnight care should be addressed according to the DSN Board/Respite policy and should be included in the agreement between the DSN Board/Respite provider and the Respite caregiver. For purposes of Waiver budgeting, up to 24 hours of Respite per day can be authorized. However, in most cases when Respite covers a period of 24 hours or more, 8 hours of sleep will be assumed for each night. Therefore, 16 hours per day will be authorized. DSN Boards should ensure that their payment policies adhere to all U.S. Department of Labor and Internal Revenue Service regulations.**

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 service notes.

**Arranging for institutional respite:** Once it is determined that institutional respite services are needed or the participant is placed in an ICF/IID, nursing facility, or hospital due to an emergency/crisis, the need for the service, the amount needed and the frequency with which the service is to be provided, must be clearly documented in the plan. **Please note that while a participant is receiving institutional respite, they may continue to utilize other Community Support Waiver services (e.g. Assistive Technology and Appliances). You continue to be the authorizer of all services.**

For *institutional respite*, **one unit = one day** when the participant is present in the facility at midnight. When the frequency has been determined, the budget information can be entered in the Waiver Tracking System (S13 Institutional) by the SCDDSN Waiver Administration Division.

**Note:** The institutional respite rate is very high. Please be careful in monitoring the participant's cost limit.

Each participant must be given a choice of providers of this service and **the offering of choice must be documented.** In the case of an emergency or crisis situation, choice may not be an option. Simply document this in the participant's file.

Once approved, *institutional respite* can be authorized using the **Authorization for Services Community Support Form R-32 (the Services Menu on the STS must also be updated to reflect institutional respite as a service that is being received)**. On the authorization indicate where the *institutional respite* will be provided, Center Based Respite (Coastal Center, Midlands Center, Pee Dee Center, Saleeby Center, or Whitten Center), Community Based ICF/IID (noting the name of the facility), Nursing Facility Based, or Hospital Based.

- If the *institutional respite* is to be provided in a SCDDSN Regional Center (Center-Based), the authorization form should be directed to the appropriate Claims and Collections Officer (See Attachment 1 for a list of Claims and Collections Officers). Included with the authorization should be a copy of the participant's Medicaid Card and any other private insurance information.
- If the participant is going to receive *institutional respite* in a community-based ICF/IID, the authorization form should be directed to the board/provider's finance director who operates the community ICF/IID where the participant will receive respite.

For participants receiving institutional respite at a Regional Center, the Admissions Packet must be submitted to the appropriate Placement Coordinator at the Regional Center (See Attachment 2 for a list of Placement Coordinators). For those receiving institutional respite at a Community ICF/IID, the Admissions Packet must be forwarded to the Board/Provider Residential Director. The admissions packet must include:

- Medication Administration Schedule
- Psychological Evaluation
- Behavior Support Information (if applicable)
- Support Plan
- Nutritional Information
- Physical (completed 30 days prior to respite)
- TB Test (2 step)
- Social History

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

- Medications in their original containers
- Spending money
- Medicaid Card
- Clothing
- Toiletries
- Durable Medical Equipment and Supplies (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 Board/Provider Residential Director.

**In order for SCDDSN Central Office to bill for institutional respite, the Waiver Case Manager must on a monthly basis complete the Individual Service Report (ISR). This form is included for your use. This form should be completed and forwarded to SCDDSN Central Office to the attention of SURB. This must be done no later than the 15<sup>th</sup> of the preceding month.**

While the individual receives *institutional respite* services, the Waiver Case Manager is required to monitor the individual's services and progress at the minimum of every two weeks. **If the individual is receiving *institutional respite* in a SCDDSN Regional Center**, a staffing must be held within 15-30 days of beginning *institutional respite* services. The SCDDSN Regional Center Staff will coordinate this meeting. The Case Manager, District Office SCDDSN Staff (if applicable), 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* (these steps and the staffing are not necessary for someone receiving institutional respite in a community ICF/IID, nursing facility or hospital).

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

- For participants that reside at home with family (not in a community residential setting), the Waiver Case Manager must initiate the process for approval of Critical Circumstance (Please refer to SCDDSN Directive 502-05-DD 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 the Individual Assessment Team. The Regional Center Staff will be responsible for submitting this packet to the Individual Assessment Team
- 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 Regional

Community Support Waiver Coordinator that the participant is ready to be admitted to the Regional Center.

- The Waiver Case Manager will immediately take steps to ensure that the **Notice of Disenrollment (Community Support Form 17)** is completed within two (2) working days and a **Notice of Termination of Service (Community Support Form 16-B)** will be forwarded to the Claims and Collections Officer to terminate institutional respite services. The Waiver Case Manager will remove Institutional Respite as a service being received from the services menu on the STS so that ISR reports are no longer generated.
- 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 Community Support Waiver before proceeding with admitting the participant to the ICF/IID and completing the DHHS Form 181 Form. A copy of the 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 Community Support Waiver, they will notify the appropriate Regional Community Support Waiver Coordinator.

**If the team recommends that the participant continue to receive SCDDSN Regional Center institutional respite, the following steps must be taken:**

- Another staffing must be held within 15-30 days of the initial staffing. The SCDDSN Regional Center Staff will coordinate this second meeting. The Waiver Case Manager, District Office SCDDSN Staff (if applicable), responsible party/family (if applicable), and Regional Center Staff **must** be present at the staffing. Discussions will be held again 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* or if the team recommends admission to an ICF/IID.
- If the outcome of the meeting indicates that the participant will continue to receive *institutional respite*, the Waiver Case Manager is responsible for notifying Central Office of this decision. This may be done via e-mail. If there are any issues or concerns, the Waiver Case Manager will be notified. A new **Authorization for Services (Community Support Form R-32)** must be completed and forwarded to the Claims and Collections Officer and SCDDSN Central Office attention SURB Respite Care Authorizations. **Be mindful that the CSW has a cap and therefore it is imperative that you carefully monitor the situation to avoid exceeding the funding cap and to determine if transfer to the ID/RD waiver is needed.**

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

Given the circumstances surrounding the need for institutional respite, multiple staffings may be held with the outcome being that institutional respite services continue for an extended period of time. The above steps must be followed and a staffing must be held at least each month. SCDDSN Central Office must be notified as outlined above.

**Please note:** Although a staffing must be held at the minimum of every 15-30 days, up to 45 units of institutional respite can be and should be authorized. This will allow for any lapse that may occur. If the Regional Center does not have an authorization form they cannot bill for this service. If a participant is admitted during a crisis on the weekend or in the evening, service may be authorized verbally and the **Authorization for Services (Community Support Form R-32)** completed on the next business day. The form should be completed by the person that gave verbal approval for institutional respite. In this

case they may authorize that the service began on the date that verbal approval was given and they may sign the form on the same date. This authorization should come from the Waiver Case Manager, Case Management Supervisor, Upper DSN Board management, or the Executive Director. All of this should be carefully documented in the participant's file to include the verbal authorization.

**Monitoring the Services:** You 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 items to consider during monitorship include:

- Is the participant receiving respite care as authorized?
- Is the participant satisfied with the current respite provider?
- Does he/she show up on time and stay the scheduled amount of time?
- Does the provider show the participant courtesy and respect?
- Does the caregiver feel that he/she is receiving enough relief from providing for the participant's care?
- Does the service need to be continued at the current rate?
- Is there need for additional respite to be requested at this time?
- Are they pleased with the care being provided by the respite caregiver 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 forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

Attachment 1

**South Carolina Department of Disabilities and Special Needs Regional Center  
Claims and Collections Officers**

**Midlands Center**

Midlands Center  
8301 Farrow Road  
Columbia, SC 29203-3294  
(803) 935-7364  
fax: (803) 935-6177

**Whitten Center**

Whitten Center  
P.O. Box 239  
Clinton, SC 29325  
(864) 938-3165  
fax: (864) 938-3115

**Coastal Center**

Coastal Center  
9995 Jamison Road  
Summerville, SC 29485  
(843) 821-5810  
fax: (843) 821-5889

**Pee Dee and Saleeby Center**

Pee Dee Center  
714 National Cemetery Road  
Florence, SC 29502-3209  
(843) 664-2613  
fax: (843) 664-2692

**South Carolina Department of Disabilities and Special Needs Regional Center  
Placement Coordinators**

**Midlands Center**

Midlands Center  
8301 Farrow Road  
Columbia, SC 29203-3294  
(803) 935-6037  
fax: (803) 935-7678

**Whitten Center**

Whitten Center  
P.O. Box 239  
Clinton, SC 29325  
(864) 938-3396  
fax: (864) 938-3115

**Coastal Center**

Coastal Center  
9995 Jamison Road  
Summerville, SC 29485  
(843) 821-5854  
fax: (843) 821-5800

**Pee Dee and Saleeby Center**

Pee Dee Center  
P.O. Box 3029  
Florence, SC 29501  
(843) 664-2635  
fax: (843) 664-2692

## South Carolina Department of Disabilities and Special Needs Statement of Legal Responsibility for Respite Services

Individual's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Respite services are defined as care provided to the SCDDSN individual in the absence of the caregiver or when the caregiver needs relief from the responsibilities of care giving. An individual's primary caregiver(s) cannot provide respite. The primary caregiver(s) of the individual noted above is/are:

\_\_\_\_\_  
\_\_\_\_\_

South Carolina Medicaid Policy prohibits anyone who is legally responsible for the health care decisions of another to be paid for rendering respite services to that person. If you are legally responsible for the health care decisions of the individual noted above you cannot be paid for providing respite services.

By signing this statement you acknowledge that:

- you are not a primary caregiver of the individual noted above, AND
- you are not legally responsible for his/her health care decisions.

I am not a primary caregiver of the person noted above and I am not legally responsible for the person noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**SC Department of Disabilities & Special Needs  
Home Supports  
Caregiver Certification**

**Effective February 2008**

**The following guidelines apply to Individual Rehabilitation Supports, ID/RD Waiver and HASCI Waiver funded home supports that are provided by DSN Boards. These guidelines supersede portions of DDSN Administrative Agency Standard relating to Staff Development and Training (136), and all other policies, directives, or guidelines regarding the provision of designated services through a DDSN Home and Community Based Waiver or Rehabilitation Supports. All payments must be made directly to the provider of the service (caregiver) and cannot be made to the family or the recipient. Payments will not be made for services rendered by relatives of the recipient as defined by South Carolina Medicaid Home and Community Based Waiver policy. Services covered in these guidelines are:**

<b>ID/RD Waiver:</b>	<b>Respite, Companion, and Homemaker</b>
<b>HASCI Waiver:</b>	<b>Respite, Personal Assistance/Attendant</b>
<b>CS Waiver:</b>	<b>Respite, In-Home Support</b>
<b>PDD Waiver:</b>	<b>Respite, Companion, and Homemaker</b>

**Minimum qualifications for caregivers:**

- The caregiver will have the ability to read, write and speak English.
- The caregiver will be at least 18 years of age.
- The caregiver will be capable of aiding in the activities of daily living (not required for Rehabilitation Supports caregiver if not part of the job for which he/she is hired).
- The caregiver will be capable of following a plan of service with minimal supervision.
- The caregiver will have no record of abuse, neglect, crimes committed against other people or felonious convictions of any kind.
- The caregiver will be free from communicable and contagious diseases.
- The caregiver must maintain a valid Driver's License and be insurable (if driving is required as part of the job).
- The caregiver will document hours worked and the nature of the tasks performed. The waiver recipient or his/her designee (i.e., parent, sibling, etc.) will verify the documentation.
- If providing Personal Assistance/Attendant Care supervision will be provided by a RN or as otherwise allowed within the provision of state law.
- The caregiver will demonstrate competency in required training. (See attached training requirements for caregivers.) Training will include the attached minimum guidelines for training as well as any special techniques/procedures/equipment required to adequately provide services for the individual prior to assuming responsibility.

## **Training Requirements for Caregivers**

All caregivers must have the skills and abilities to provide quality services for the people they serve. Minimal caregivers must demonstrate competency in the following areas (taken directly from the pre-service curriculum) before services are provided. *Hours in parentheses are estimates of the time needed to achieve competency and may be higher or lower depending on the existing skill level of the caregiver and the skills required for serving a particular waiver recipient.*

1. Confidentiality, Accountability and Prevention of Abuse and Neglect (1.5 hours)
2. First Aid (4 hours)
3. Fire Safety/Disaster Preparedness related to the specific location of services (1 hour)
4. Understanding Disabilities (ID/RD and Autism)

**OR**

Orientation to Head and Spinal Cord Injuries (HASCI): This training must be specifically related to the person/family needing services (1-3 hours)

5. Signs and Symptoms of Illness and Seizures (1 hour)

### **The following describes two ways in which caregivers can demonstrate competency:**

1. Taking and passing tests (curriculum) in the above categories. Tests may be taken as part of DSN Board Training or may be taken when training does not occur.
2. Recipient/responsible party can approve caregiver competency for items 3 - 5 above, but cannot sign off items 1 or 2.

Caregivers must also demonstrate competency in any person-specific special techniques / procedures / equipment and must be oriented to the habits, preferences, and interests of the person. Caregivers must be able to communicate with the recipient. The recipient or family will typically provide this training to the caregiver. DSN providers, however, should allow access, upon request, to training classes and/or assist with caregiver training. The recipient/responsible party, prior to services beginning, must complete the attached Caregiver Certification form for each caregiver. This form along with supporting documentation (training records, tests, etc.) will be maintained by the local DSN Board.

# HOME SUPPORTS CAREGIVER CERTIFICATION

**Caregiver Information:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**The above named caregiver has demonstrated competency in the areas noted below through the successful completion of training or by exemption from the training as approved by me.**

Name of Training	Training/Date	Exemption/Date
Confidentiality, Accountability & Prevention of Abuse and Neglect		XXXXXXXXXXXXXXXXXX
First Aid		XXXXXXXXXXXXXXXXXX
Fire Safety/Disaster Preparedness		
Understanding Disabilities (ID/RD or Autism)  OR Orientation to Head and Spinal Cord Injuries		
Signs and Symptoms of Illness & Seizures		

**The above named caregiver has been oriented to the habits, preferences and interests of \_\_\_\_\_ and is competent to perform the tasks needed to provide his/her care.**

\_\_\_\_\_  
**Individual/Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship of Responsible Party to Individual**