

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 Care will be provided in the following location(s):

- Participant's home or place of residence, or other residence selected by the participant/representative
- Foster Home Medicaid-certified ICF/IID
- Group home (i.e. CTH I or II)
- Licensed Respite Care facility
- Licensed Community Residential Care Facility
- Licensed DHHS Contracted Nursing Facility

Respite may be used on a regular basis to provide relief to caregivers or in response to a family emergency or crisis.

Hourly Respite can be provided, in one hour units, for up to twenty-four (24) hours in a calendar day in a variety of settings.

Institutional Respite is provided on a daily basis in a DHHS 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.

Service Limits: *Hourly Respite* (provided outside of a Medicaid-certified ICF/IID or NF) is limited to a maximum of 68 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. There are two (2) exceptions to the limit:

1. An exception of up to 240 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. These exceptions must be approved by DDSN. To request an exception, the Waiver Case Manager must complete the Request for Respite Limit Exception (ID/RD Form REXCP) and submit it to the SCDDSN Waiver Administration Division.
2. The limits may be exceeded 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.

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 hand-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.

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.

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: Persons receiving Residential Habilitation may not receive both Respite Care and Residential Habilitation on the same day through the ID/RD Waiver.

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

Providers: *Hourly Respite* is provided by agencies contracted with DDSN as Respite providers. Respite workers must meet minimum caregiver qualifications (see the Home Supports Caregiver Certification at the end of the chapter). 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 recipient/family should be given a listing of available providers from which to choose.

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. 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.

Arranging for and Authorizing Services: Once it is determined that Respite Care is needed (including when a participant is placed in an ICF/ID, DHHS contracted nursing facility or hospital due to an emergency/crisis), 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.

- 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 individual DSN Board/Respite Provider 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.

If Institutional Respite is to be provided in a SCDDSN Regional Center, 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. The Admissions Packet must be submitted to the appropriate Placement Coordinator at the Regional Center (See Attachment 2 for a list of Placement Coordinators).

If Institutional Respite is to be provided in a community-based ICF/ID, the authorization form should be directed to the finance director of the board/provider that operates the ICF/ID. The Admissions Packet must be forwarded to the Residential Director of the Board/Provider.

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 the minimum, the following items when reporting to an ICF/ID or nursing home for Respite Care:

- Medications in their original containers
- Spending money
- Medicaid 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 Board/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.

In order for SCDDSN Central Office to bill for institutional respite, the Waiver Case Manager must, on a monthly basis, complete the Respite Care Individual Service Report (ID Form IR/ISR). This form should be completed and forwarded to SCDDSN Central Office to the attention of SURB. This must be done no later than the 15th of the month following the provision of services.

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, 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.

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 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/ID 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/ID Level of Care if the participant has **ever** been admitted to an ICF/ID. If the participant is a new admission, the ICF/ID Level of Care will be completed by the Consumer Assessment Team. The Regional Center Staff will be responsible for submitting this packet to the Consumer Assessment Team
- Upon notification that the participant has met ICF/ID 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 will forward a Notice of Termination of Service (ID/RD Form 16-B) to the Claims and Collections Officer to terminate Institutional Respite Care. The Waiver Case Manager will also remove Institutional Respite as a service being received from the services menu on the STS so that ISR reports are no longer generated.
- 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/ID 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 District ID/RD Waiver 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, 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 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/ID.
- If it is decided that the participant will continue to receive Institutional Respite, the Waiver Case Manager will notify the ID/RD Waiver Program Coordinator and the Director of Service Coordination and Plan Development at SCDDSN Central Office of this decision. This may be done via e-mail. 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/ID, 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.

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 (ID/RD Form A-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 he/she may authorize that the service began on the date that verbal approval was given and may date his/her signature on the authorization as the start date. This authorization should come from the Waiver Case Manager, the Case Management Supervisor or the Executive Director. All of this should be carefully documented in the participant's file to include the verbal authorization.

Note: While a participant is receiving Institutional Respite, he/she may continue to receive Assistive Technology (medical supplies) or Prescribed Drugs through the ID/RD Waiver. Various Day Services can also be funded through the waiver if ICF staff will agree to accommodate the consumer in transport to and from the Day Facility. All other waiver services must be 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 appeal, 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 appeals process.

Attachment 1

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

Midlands Center

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

Whitten Center

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

Coastal Center

9995 Jamison Road
Summerville, SC 29485
(843) 821-5810
Fax: (843) 821-5889

Pee Dee and Saleeby 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

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

Whitten Center

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

Coastal Center

9995 Jamison Road
Summerville, SC 29485
(843) 821-5854
Fax: (843) 821-5800

Pee Dee and Saleeby Center

P.O. Box 3029
Florence, SC 29501
(843) 664-2635
Fax: (843) 664-2692

**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 except as defined by South Carolina Medicaid Home and Community Based Waiver policy. Services covered in these guidelines are:

ID/RD Waiver:	Respite, Companion, and Attendant
HASCI Waiver:	Respite, Personal Assistance/Attendant
CS Waiver:	Respite, In-Home Support
PDD Waiver:	Therapist

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. Minimally, 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, Consumer Supervision 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 on 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.

Participant/Responsible Party

Date

Relationship of Responsible Party to Participant