

RESPIRE CARE SERVICES

Definition of Service:

Respite Care is always provided as an adjunct to other clinical services. Respite care is provided when the caregiver, family member, or consumer requires another monitored environment on a short-term basis to support the client and prevent escalation to more intensive levels of care. In addition to the home environment, respite care may be an option when clients who live in a congregate setting need a hiatus from the interactions with roommates in order to maintain their personal safety or living environment. Respite services may be provided in a neutral environment other than a member's living quarters. Respite services may be used to obtain independent monitoring of behaviors or response to medications when higher levels of care are not otherwise medically necessary for this purpose. Respite service providers are generally not clinically trained, but may assist clinicians in making behavioral observations and in managing problematic behaviors. As with all treatment services, respite care should be authorized only when it is medically necessary and less intensive levels of care cannot meet the patient's clinical needs. Respite should not be used simply for the convenience of housing or non-clinical supervision.

II. Admission Criteria:

All of the following criteria are necessary for admission:

- A. The individual demonstrates symptoms consistent with a DSM-IV-TR diagnosis that is covered by the BHO Medicaid Program. Typically, though not exclusively, the individual has been diagnosed with one or more mental health conditions that result in a severe and persistent mental illness or with a covered condition that temporarily impairs capacity to safely function without supervision.
- B. The individual's symptoms require intensive therapeutic intervention and can reasonably be expected to respond to Respite Care Services in combination with other intensive interventions, or require frequent behavioral and symptom monitoring to assist clinicians in appropriately diagnosing or treating a condition.
- C. The individual is experiencing emotional or behavioral problems in the home, community and/or treatment setting and is not sufficiently stable, either emotionally or behaviorally, to independently participate in the normal activities of daily life in the community, including employment, training opportunities, or routine family obligations, or to independently provide accurate reporting to clinicians as to behaviors, symptoms, or medication response or side effects.
- D. The additional stress on the caregiver of caring for the patient puts the client at risk of out-of-home-placement, homelessness, or a higher level of care. Or in the absence of a caregiver, the symptoms place the member at risk for a more restrictive level of care.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this service:

- A. The individual exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care.
- B. The individual's need for respite is primarily the result of a non-covered diagnosis, such as developmental disability, and not related to a covered, yet less significantly disabling mental health diagnosis.
- C. The individual can be safely maintained and effectively treated without respite services.
- D. The individual has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications.
- E. The primary problem is social, legal, economic (e.g., housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's condition continues to meet admission criteria for this level of care.
- B. The individual's treatment does not require a more intensive level of care and no less intensive level of care would be appropriate.
- C. There is a documented active attempt at coordination of care with relevant outpatient providers and community supports, when appropriate.

V. Discharge Criteria:

Criteria A, B, C, or D are sufficient for discharge from this level of care:

- A. The individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care.
- B. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
- C. The individual can be safely treated without respite services.
- D. An individualized discharge plan is documented with appropriate, realistic and timely follow-up care is in place.

VI. Frequency of Review:

Concurrent reviews must occur daily .

VII. Clinical Resources:

None