**B3 Service Definition**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Respite</th>
<th>Codes:</th>
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<tbody>
<tr>
<td>Type:</td>
<td>B3</td>
<td>H0045U4HA (Individual, Child)</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>11/1/2014</td>
<td>H0045U4HB (Individual, Adult)</td>
</tr>
<tr>
<td>Units:</td>
<td>15 minutes</td>
<td>H0045HQU4HA (Group, Child)</td>
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<td>H0045HQU4HB (Group, Adult)</td>
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**Service Description**

Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for children ages three to 21 with mental health, developmental disabilities or substance use/addiction service needs, and for adults 21 and over with developmental disabilities. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. Respite may be utilized during school hours for sickness or injury. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). Respite may be provided in an individual or group setting. The primary caregiver is the person principally responsible for the care and supervision of the beneficiary and must maintain his/her primary residence at the same address as the beneficiary.

Respite is a periodic service.

Respite may be provider directed or beneficiary/family directed.

**Provider Requirements**

Respite services must be delivered by staff employed by a MH/IDD/SA provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A N.C.A.C. 27G and NC G.S. 122C; providers must meet all NC Innovations Waiver provider requirements and be enrolled as a 1915(c) waiver provider if they serve beneficiaries with developmental disabilities; and providers must meet any competencies specified by the NC Division of Medical Assistance (DMA).

Provider agencies who operate private respite homes are subject to licensure under NC G.S. 122C, Article 2 when: more than two individuals are served concurrently, or either one of two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month. Provider agencies, facility based and in–home services are also subject to NC G.S. 122C.

**Staffing Requirements**

All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified for Associated Professional and Paraprofessional status according to 10 N.C.A.C. 27G 0104 may provide Respite.

All Associate Professions (AP) and Paraprofessional level staff must be supervised by a Qualified Professional (QP). Supervision must be provided according to supervision requirements set forth in
10A N.C.A.C. 27G .0204. All staff providing Respite services to children and/or adults must complete training specific to the required components of the Respite definition within 90 days of employment.

The competency based training should include but not limited to the following:
- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA/CPR/ First Aid/Seizure Management
- Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual
- Protective Devices/Usage as appropriate for the individual
- Cultural Diversity/Awareness
- Child Development
- Medication Administration as appropriate for the individual

**POPULATIONS ELIGIBLE**
- Children ages 3-21 (not living in a child psychiatric residential treatment facility (PRTF)) and adults who are functionally eligible but not enrolled in the NC Innovations 1915(c) Waiver program.
- Children ages 3-21 who are not functionally eligible for the NC Innovations Waiver program but require continuous supervision due to a mental health (Axis I or II) diagnosis (CALOCUS level III or greater) or substance abuse diagnosis (American Society of Addiction Medicine (ASAM) criteria of II.1 or greater).
- Children ages 3-21 and adults with a developmental disability diagnosis.

**UTILIZATION MANAGEMENT**
A maximum of 64 units (16 hours a day) can be provided in a 24-hour period. No more than 1,536 units (384 hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.

**SERVICE ORDERS**
A service order is required for this service.

**CONTINUED STAY CRITERIA**
- The primary caregiver continues to need temporary relief from caregiving responsibilities of the child with mental health, substance abuse or developmental disabilities or an adult with developmental disabilities.
- The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver.
- For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.

**DISCHARGE CRITERIA**
Respite is no longer identified within the Individual Support Plan or Service Plan; sufficient natural family supports have been identified to meet the need of the caregiver. The child or adult moves to a residential setting that has paid caregivers.

**DOCUMENTATION REQUIREMENTS**
A daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and
**SERVICE EXCLUSIONS**

| Total expenditures for Respite cannot exceed the 1915(b)(3) resources available in the waiver. |
| Individuals on the Innovations Waiver are not eligible for Respite (b)(3) funded services. |
| Respite may not be provided by family members. |

This service may not be used as a daily service in individual support. This service is not available to beneficiaries who receive Residential Supports and/or those who live in licensed residential settings or Alternative Family Living Homes. Staff sleep time is not reimbursable. Respite services are only provided for the beneficiary. Respite care is not provided by any beneficiary who resides in the beneficiary’s primary place of residence. For beneficiaries who are eligible for educational services under Individuals With Disability Educational Act, Respite does not include transportation to/from school settings. This includes transportation to/from beneficiary’s home, provider home where the beneficiary is receiving services before/after school or any community location where the beneficiary may be receiving services before or after school. Respite may not be used for beneficiaries who are living alone or with a roommate; staff sleep time is not reimbursable.

This service is not available at the same time of day as Community Networking, Day Supports, In-Home Intensive Supports, In-Home Skill Building, Personal Care, Supported Employment or one of the State Plan Medicaid Services that works directly with the person such as Private Duty Nursing and behavioral health services such as Intensive In-Home (IIH), Multisystemic Therapy (MST), Outpatient therapy, Day Treatment, etc.