

B3 Respite Community Overnight

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S5151 U4 HA Child

S5151 U4 HB Adult

B3 Respite Community Overnight Eligibility Criteria

Met	Not Met	
		The child with MH, SA and/or I/DD diagnoses or the adult with I/DD is eligible for this service when the person requires continuous supervision due to at least one identified disabilities as defined below: Must meet <u>ONE</u> of the following criteria:
<input type="checkbox"/>	<input type="checkbox"/>	A. The person meets the potential eligibility criteria for the Innovations waiver but is not enrolled. There is an Axis I or II diagnosis present
<input type="checkbox"/>	<input type="checkbox"/>	B. CALOCUS level III or greater. There is an Axis I or II diagnosis present.
<input type="checkbox"/>	<input type="checkbox"/>	C. ASAM criteria of II.I or greater. There is an Axis I or II diagnosis present
<input type="checkbox"/>	<input type="checkbox"/>	D. A current diagnosis of a developmental disability for children ages 3-21 and adults
		Must meet the following criteria:
<input type="checkbox"/>	<input type="checkbox"/>	E. 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.

B3 Respite Community Overnight Continued Service Criteria

Met	Not Met	
		Must meet <u>ONE</u> of the following criteria:
<input type="checkbox"/>	<input type="checkbox"/>	A. The primary caregiver continues to need temporary relief from care giving responsibilities of the child with mental health, substance abuse or developmental disabilities
<input type="checkbox"/>	<input type="checkbox"/>	B. The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver
		Must meet the following criteria:
<input type="checkbox"/>	<input type="checkbox"/>	C. 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.

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B3 Respite Community Overnight Discharge Criteria

Met	Not Met	
		Must meet <u>ONE</u> of the following criteria:
<input type="checkbox"/>	<input type="checkbox"/>	A. Respite is no longer identified within the PCP or ISP
<input type="checkbox"/>	<input type="checkbox"/>	B. Sufficient natural family supports have been identified to meet the need of the caregiver.
<input type="checkbox"/>	<input type="checkbox"/>	C. The child or adult moves to a residential setting that has paid caregivers.

Respite shall not be provided or billed during the same authorization period as the following services:

1. Residential Level II-Family Type
2. Level II-IV Child Residential
3. PRTF
4. ICF-MR
5. Residential services (state funded)
6. Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services

Respite may not be provided at the same time of day as the following services:

1. Day Treatment
2. Multi-Systemic Treatment and
3. Intensive In-Home Services

- Respite Services for school aged children may not be provided while the child is in school.
- Respite services may be provided during regular school hours if the child is not in attendance (i.e. due to illness)
- An individual can receive planned Respite services from only one (1) respite provider at a time.
- The Respite services shall only be provided for the identified child with MH/SA diagnoses or I/DD or adult with I/DD; other family members, such as siblings of the individual, may not receive care from the provider while Respite is being provided/billed for the identified recipient.
- Respite shall not be provided by any individual who resides in the child's or adult's primary place of residence.