



Policy Title:	Respite Services
Policy #:	03-001-0050
Effective Date:	11/26/2024
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Program Operations
Responsible Leader:	Kathleen Gallagher, Chief Clinical Officer
Policy Owner:	Heidi Fogarty, Child & Family Services Director
Applies to:	SCCCMH Staff, All Direct Programs

Purpose: To describe respite services provided by St. Clair County Community Mental health and define which individuals are eligible for respite services.

I. Policy Statement:

It is the policy of St. Clair County Community Mental Health (SCCCMH) to have guidelines to provide respite services to families in the community.

II. Standards

- A.** *Respite* is intended for individuals whose primary caregivers typically are the same people day after day (e.g., family members and family foster care providers) and is provided during those portions of the day when the caregivers are not being paid to provide care. Relief needs of hourly, or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care. A written determination in response to a request of policy exception shall be completed in a timely manner.
- B.** Services must only be provided on a short-term basis to relieve the family or other primary caregivers from daily stress and care demands during times when they are not being paid to provide care. Short-term means the respite service is provided during a limited period of time, for example, a few hours, a few days, weekends or for vacations.
- C.** Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work full time. Respite care services must only be provided on an intermittent or short-term basis the

individual's record must clearly differentiate respite hours from CLS services. (In those cases, community living supports or other services of paid support or training staff, should be used.)

- D.** Decisions about the methods and amounts of respite are decided during the person-centered planning process, based on medical necessity and the authorization grid.
- E.** Respite care may not be provided by a parent of a minor receiving the service, the spouse of the individual, the individual's legal guardian, or the primary unpaid caregiver. If someone is providing respite through Choice voucher or Self-directed services, they can have their sibling be the respite provider.
- F.** Respite services are not intended to serve as traditional crisis intervention, therapy, or a treatment modality. Respite cannot be used to supplement day care and is not intended to be used while the parent or caregiver is at work/employment.
- G.** Individuals eligible for respite services include:
 - 1. Individual with intellectual or developmental disabilities who is eligible to receive services through the public mental health agency and has a plan of service that outlines the need for respite.
 - 2. Child with severe emotional disturbances (SED) who lives with their family and receives public mental health services with a plan of service that outlines the rationale and plan for respite.
 - 3. Individual who meets criterion for medical necessity and is a resident of St. Clair County and open with SCCCMH.
 - 4. Individuals with an intellectual disability whose family's respite needs are not met by natural supports based on a Respite Assessment.
 - 5. Individual whose family requests respite service.
 - 6. An adult or child living with family or other natural, unpaid support givers (i.e., adult support giver cannot be receiving paid support through Home Help/Chore Services or CLS) who is not receiving respite services from another program.
 - 7. Child who is living in a family foster care home may receive respite services. The only exclusion is when the child is receiving Therapeutic Foster Care.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Primary Caseholder	Initiate, coordinate, monitor, and terminate Respite Services
Respite Provider	Provide respite as identified in Individual Plan of Service
Placement Coordinator	Coordinate with Primary Caseholder as requested to determine placement availability.
Administrative Contract Manager	Complete contract when needed.
<i>Licensed Residential Provider</i>	Provide <i>respite</i> and forward documentation within contracted timeframe.

Actions – Accessing Respite for Persons with Intellectual Disabilities (non-licensed/non-HSW/non-CWP) or Children with Severe Emotional Disturbance (SED)

Action Number	Responsible Stakeholder	Details
1.0	Person Requesting Services/Respite	1. Speak with Primary Caseholder regarding respite services.
2.0	Primary Caseholder	<ol style="list-style-type: none"> 2. Explain types of respite available. Family states the needs. 3. Discuss respite needs with Team and attempt to engage natural supports and / or community services if available to meet this need. (If no external supports are available develops a plan for respite and documentation must include the following: <ol style="list-style-type: none"> a. Significant attempts to engage natural supports to meet the need. b. Use of respite targeted at avoiding more restrictive service utilization and c. Rationale for frequency / intensity of the service being utilized. d. The amount of respite considered for the authorization will be decided during the person-centered planning process based on medical necessity and the authorization grid. 4. Explain the respite system to the family member, including: <ol style="list-style-type: none"> a. Type (respite provider, summer camp, residential)

Action Number	Responsible Stakeholder	Details
		<ul style="list-style-type: none"> b. Rate c. Documentation requirements d. Provider types (background check) e. Training responsibilities f. Respite providers role and responsibilities g. Consult with respite provider monthly <p>5. Continue with step C through F for all other respite.</p> <p>6. Identify Respite needs and complete form #0316 Individual Profile and Consent (located in OASIS) completed. (See Administrative Policy #03-002-0025, Consent Forms).</p> <p>7. Choose a respite provider (either agency or a provider through Choice Voucher/Self-Directed Services) using established criteria, i.e. does the agency have capacity, from where the consumer already receives services, etc. Arranges an initial interview between the family, individual, and respite provider.</p> <p>8. Authorize type of respite (respite provider, respite camp) to be provided. Medical necessity must be fully established and documented for each new authorization. Ensure rationale for respite is clearly written into the Plan of Service. Update the Weekly Activity Note, if using contracted provider, in OASIS and inform the provider agency which can be copied for the worker to ensure documentation is completed.</p> <p>9. Provide training on the IPOS and completes training form #0146 Individual Plan of Service (IPOS) Training Log.</p>
3.0	Respite Provider	<p>10. If approved, provide respite as authorized by the Plan of Service and the Service Authorization Summary.</p> <p>11. Adult & Children’s Division: Complete a Weekly Activity Note, if using a contracted provider.</p> <p>12. Print Weekly Activity Note from OASIS. The Weekly Activity Note is scanned into OASIS within five business days.</p> <p>13. Consult with Primary Caseholder monthly.</p>
4.0	Primary Caseholder	<p>14. Verify Weekly Activity Note, if using a contracted provider, with the Service Authorization Summary to ensure respite is authorized and is provided at level authorized.</p> <p>15. If not accurate, speak with family to obtain verification and accuracy. If an error occurred, ensure worker resubmits correct data. If more hours utilized, the Primary Caseholder must speak with Supervisor for direction.</p> <p>16. End respite when meeting any of the following criteria:</p> <ul style="list-style-type: none"> a. The family’s need for respite has been substantially

Action Number	Responsible Stakeholder	Details
		<ul style="list-style-type: none"> met. b. The family is able to transition to community option/natural supports that would meet their respite needs. c. The person no longer meets the admission criteria. d. The family withdraws consent for respite services. e. The family is not compliant with the Family-Centered Plan of Service. f. Upon a relocation out of service area. g. The person no longer resides with the family or the unpaid natural support. h. Goals and dreams in the Plan of Service have been substantially met and the person no longer requires or desires respite services through SCCCMH.

Actions – Accessing Respite for Licensed Residential Individuals

Action Number	Responsible Stakeholder	Details
1.0	Primary Caseholder or Family	1. Contact Respite Program or Placement Coordinator, as appropriate.
2.0	Placement Coordinator	2. Determine whether there is a vacancy available to accommodate the respite.
3.0	Primary Caseholder	3. Work with family/current Primary Caseholder and licensed facility staff to arrange for respite. The licensed setting will require the following information: <ul style="list-style-type: none"> a. Consent form (located in OASIS) b. Standing Medication Order/SMO (residential only) c. Copy of Current Immunization Record d. Copy of Divorce or Separation Agreement (indicating custody, financial obligation – for children only) e. Any other Legal documents (adoption, restraining orders, guardianship) f. Medical card or other insurance card g. Physical Exam (residential only) h. Copy of Birth Certificate (residential only) <ul style="list-style-type: none"> 1) Explain the available services and cost (cap). 2) Inform Administrative Contract Manager if a

Action Number	Responsible Stakeholder	Details
		contract is required (foster care). Complete authorizations as required. 3) Attends consult with Assistant Division Director and/or designee to request in home respite approval.
4.0	Administrative Contract Manager	4. Complete contract when appropriate.
5.0	Licensed Provider	5. Provide respite and forward a completed form #1024 Specialized Residential Personal Care and Community Living Supports Log to SCCCMH Administration, who will then forward to the Primary Caseholder.
6.0	Primary Caseholder	Accessing Respite for Adult Services Only 6. Primary Caseholder: a. Complete a case consult in OASIS and obtain Supervisor signature and signature of designated respite staff. b. Monitor ongoing respite services for those receiving respite services.

B. Related Policies

[Administrative Policy #03-002-0025, Consent Forms](#)

C. Definitions

1. *Licensed Residential*: A type of respite service that is provided overnight, in a licensed facility for 1-7 days per clinical protocols.
2. *Respite*: A planned and coordinated service to primary caregiver providing them with temporary relief from the 24-hour responsibility of care and supervision
3. *Trained Provider*: A type of service where an individual is selected and trained by SCCCMH or a contract agency to provide out-of-home respite, at various levels of intervention depending on the individual, at any given time.

D. Forms

[#0146 Individual Plan of Service \(IPOS\) Training Log](#)

[#0316 Individual Profile](#)

[#1024 Specialized Residential Personal Care and Community Living Supports Log](#)

[#1040 Individuals with Developmental Disabilities \(Child 74-120\) Respite Assessment](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)
N/A

F. References
N/A

IV. History

- Initial Approval Date: 07/1991
 - Last Revision Date: 10/2024
 - Last Reviewed Date: 09/2023
 - Non-Substantive Revisions: N/A
 - Key Words: Respite
- BY: Heidi Fogarty