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Owner:	<i>Crystal Palmer: Director, Children's Initiatives</i>
Policy Area:	<i>Children Services</i>
References:	

RESPIRE (In-Home and Out-of-Home)

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that all consumers have access to appropriate respite services in the least restrictive environment.

PURPOSE

The purpose of this policy is to guide the development and implementation of policies and procedures for providing respite care services which will assist in maintaining the goal of the consumer residing in his/her home to the provider network.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO).
2. This policy serves the following populations: Children, I/DD, SED, SUD, Autism.
3. This policy impacts the following **contracts/service lines**: Medicaid, SUD, Autism, Grants, General Fund.

KEYWORDS

1. Individual Plan of Service/Person Centered Plan/Family Centered Plan (IPOS/PCP)
2. Respite Care Services

STANDARDS

DWIHN direct contract providers and subcontractors shall assure that:

1. Respite policies and procedures are developed in compliance with the Michigan Department of Health and Human Services Medicaid Provider Manual.
2. Active clinical treatment is a prerequisite for receiving respite care.
3. Services do not supplant or substitute for community living support (CLS) or other services of paid support/training staff.
4. Respite care services are provided to the child on an intermittent or short term basis because of the

absence or need of relief of the parent.

5. Respite Provider qualifications:

a. Individuals who provide respite and CLS must, in addition to the specific training, supervision and standards for each support/service, be:

1. A responsible adult at least 18 years of age;
2. Free from communicable disease;
3. Able to read and follow written plans of service/supports as well as beneficiary specific emergency procedures;
4. Able to write legible process and/or progress notes;
5. In "good standing" with the law;
6. Able to perform basic first aid and emergency procedures.

b. The individual must also have successfully completed Recipient Rights training.

6. Respite care may only be provided in the following settings:

- a. Beneficiary's home or place of residence.
- b. Facility approved by the state that is not a private residence, e.g., group home or licensed respite care facility.
- c. Home of a friend or relative chosen by the beneficiary (not the parent of a minor beneficiary or the spouse of the beneficiary served or the legal guardian).
- d. Licensed camp, in community (social/recreational) settings with a respite worker trained, if needed, by the family.
- e. Licensed family child care home.

7. Respite care may not be provided in:

- a. Day program settings
- b. Intermediate Care Facility for the Individual Intellectual Disability (ICF/IID)
- c. Nursing homes
- d. Hospitals

8. Respite care may not be provided by:

- a. Parent of a minor beneficiary receiving services
- b. Spouse of the beneficiary served
- c. Beneficiary's guardian
- d. Unpaid primary care giver

9. The cost of room and board must not be included as part of respite care unless provided as part of the respite care in a facility that is not a private residence, such as a Group Home or licensed respite care facility.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network

management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Medicaid Provider Manual

EXHIBITS

1. Relax- Take a Break

RELATED POLICIES

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Integrated Health Care
7. Managed Care Operations
8. Quality Improvement
9. Recipient Rights
10. Substance Use Disorders
11. Utilization Management

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

[Exhibit A](#)

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

06/2019

