

## 5.7 Respite Services

Respite Services are provided for adults with Serious Mental Illness (SMI) or children with Serious Emotional Disorders (SED). Respite Services are provided by a program approved and operated under the provisions of Maryland Law (COMAR 10.21.27), and are provided on a short-term basis in the consumer's home or in an approved community-based setting. Services are designed to support consumers remaining in their homes by providing temporary relief to the consumer's care-givers.

### **Respite Services as Distinguished from Residential Crisis Services (See Section 5.11)**

Respite Services must be distinguished from off-site Psychiatric Rehabilitation Services (see Section 5.13). Respite Services are provided to relieve the care-giver from the stress of care-giving, while PRP services are delivered according to the Individual Rehabilitation Plan.

Respite Services must be distinguished from shelter care in the child and adolescent system. While Respite Services are provided on a "short-term basis," this time limitation generally refers to the length of the individual's respite care episode, and not to the more extended period of time in which care-givers may require relief from the stresses of care. Respite Services will be delivered in partial day increments, for weekend breaks, and, in very rare instances, for as much as two weeks.

### **Service Coverage Examples**

- *An adult lives with his or her sibling who helps the individual to perform independent living skills, assist with medication, etc. to manage the individual's mental illness and support the individual's recovery. The sibling is scheduled to go out of town on business and needs someone to provide support for the consumer. The individual is authorized for Respite Services.*
- *The parents of a ten-year-old boy who is diagnosed with major depression and oppositional defiant disorder are trying to maintain him in their home. His psychiatric symptoms include temper tantrums, erratic sleep patterns, sporadic acts of cruelty to animals and a labile mood. The parents must provide continuous monitoring of his activities. The case manager has recommended weekend respite two times a month to provide the family with temporary relief from the stressful task of managing their son's behavioral symptoms.*
- *The parent of an eight-year old child who has a serious emotional disturbance requests in-home respite. Respite Services is approved based upon the symptoms the child presents and the burden the parent is under in managing multiple stressors*

*which could eventually lead to the child having a hospitalization or out-of-home placement.*

## **Service Rules**

Adult, child and adolescent Respite Services are authorized on a full day (12 hour minimum) for facility based respite, or a maximum of 10 hours a day for in-home respite.

Full-day Respite Services are facility-based (i.e. in a licensed foster home, group home, or other facility approved as a Respite Services provider.) In-home Respite Service is provided in hourly increments. Enhanced Support Services (see Section 5.8) will not be authorized in conjunction with Respite Service provision for adults, children, or adolescents.

Despite its name, in-home Respite Services may be provided in the community. An approved Respite Services provider, through prearrangement with the care-giver and the consumer, may pick up the consumer at the consumer's home, school or other location approved by the caregiver, and go to another location, allowing the care-giver to receive a break from the rigors of care-giving in their own home.

## **Service Eligibility**

Consumers with Medical Assistance (MA) and Uninsured Eligible consumers are eligible for Respite Services.

## **Service Providers**

Services may only be provided by approved Respite Service providers, according to Maryland Law (COMAR 10.21.27).

## **Authorization Process**

To obtain authorization for Respite Services, the provider, consumer, family member, or advocate must request authorization via from ValueOptions<sup>®</sup> Maryland. The following clinical information is required: DSM IV-TR diagnoses current need for respite, including review of the level of caregiver stress, precipitating event, treatment history, medications, substance abuse history, and risk assessment. If medical necessity is demonstrated, authorizations will be given by ValueOptions<sup>®</sup> Maryland via ProviderConnect. If medical necessity cannot be determined and an agreed-upon alternative is not possible, ValueOptions<sup>®</sup> Maryland will refer the case to a ValueOptions<sup>®</sup> Physician Advisor for review (see Chapter 9, Grievances and Appeals).

For authorizations beyond the initial authorization period, the provider must request a continued stay review via ProviderConnect. ValueOptions<sup>®</sup> Maryland requires continued demonstration that medical necessity criteria is met for additional authorizations to be granted.

These services must be billed on a HCFA 1500 form (See Chapter 16). For dually eligible (Medicare/ Medicaid) consumers, providers should bill ValueOptions<sup>®</sup> Maryland directly. It is not necessary to send the claim to Medicare.

Claims must specify an ICD-9 code (not DSM IV-TR code) for reimbursement.

**Claims for unauthorized services will be denied.**

### **Problems and Solutions**

If the services requested do not meet Medical Necessity Criteria and care is non-authorized, see Chapter 9, Grievances and Appeals.