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State of Indiana

Division of Mental Health and Addiction
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Effective August 15, 2023

To: All Authorized Child Mental Health Wraparound Providers

RE: Respite Policy Update

The Indiana Division of Mental Health and Addiction announces an update to the Child Mental Health Wraparound program Respite Policy. The following provides new information about the Respite Policy.

Section 22: Respite Services

Service Definition

Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of persons who normally provide care for the participant.

Respite services is a special name for a short-term break for caregivers. Families need a break from time to time to look after their own needs. Under the Child Mental Health Wraparound program, there are many options to assure families can find the best fit when needing a short-term break. Most respite breaks are planned. However, on rare occasions, something unexpected may occur.

The Respite service may be provided in the following manner for planned or routine time frames when the caregiver is aware of needing relief or assistance through the Respite service. CMHW Medicaid funded services are provided to address the behavioral health needs of the child within the family.

There are four types of respite services:

1. **Routine Hourly**
   Routine hourly is billed up to 6 hours and 45 minutes a day. At hour 7, routine hourly switches to routine daily.
2. **Routine Daily**

Routine daily is billed 7 to 24 hours.

Note: For routine respite (hourly and daily) the following applies:

- cannot exceed fourteen (14) consecutive days.
- A minimum of thirty (30) days must pass after a 14-consecutive-day stay before daily routine respite may be utilized again.
- Routine respite daily service is limited to 40 days per service plan year.

3. Unexpected Respite

Unexpected respite is used for a time when the caregiver has an unplanned emergency that would put the child's health and safety at risk if respite is not provided. Unexpected respite is not used for when the youth is in crisis. Unexpected respite is when emergencies, unplanned situations or unexpected trips can create a need for immediate care by an alternative caregiver. Unexpected respite will be added to the plan of care after the service has begun.

Acceptable request: Caregiver must go out of town to care for a sick relative and all informal supports have been exhausted.
Unacceptable request: Caregiver had a stressful week and would like to take a break to focus on self-care.

Note: For unexpected respite, the following applies:

- Unexpected respite is only provided on a daily basis. (24 hours in the same day)
- Unexpected respite cannot exceed fourteen (14) consecutive days.
- A minimum of thirty (30) days must pass after a 14-consecutive-day stay before unexpected respite may be utilized again.
- Unexpected respite service is limited to 40 days per service plan year.

4. Psychiatric Residential Treatment Facility

This type of respite is intended for youth with the highest need for safety. PRTF Respite is not to be used in place of acute care. The need for PRTF respite is determined at the Child and Family Team Meeting with the team through strategy development and is required on the care plan.
See the ***Billing Information*** section for service codes, billing, and reimbursement information for respite services.

Locations

Respite services may be provided in the following locations:

- Participant's home
- Community
- DMHA authorized Facility (see Facility Based Licensure)

Respite services must be provided in the least restrictive environment available and ensure the health and welfare of the participant. A participant who needs consistent 24-hour supervision, who may be a danger to themselves or others, or requires regular monitoring of medications for behavioral symptoms should be placed in a facility under the supervision of a psychologist, psychiatrist, physician, or nurse who meets respective licensing or certification requirements of their profession in the state.

Respite Provider Qualifications and Standards

All providers must be approved by the DMHA to deliver Child Mental Health Wraparound services.

See Section 13: Service Providers in the CMHW provider module for additional information about applying for DMHA approval as a CMHW service provider.

Provider Types Eligible to Bill for Respite Services

The following providers are eligible to bill for CMHW Respite services:

- Accredited agency
- Nonaccredited agency
- Individual service provider

Respite service providers, who are relatives, must meet all the following criteria in addition to the criteria in Section 13: Service Providers, in the CMHW provider module:

- Approved by the DMHA as a CMHW service provider
- Determined by the Child and Family Wraparound Team that use of a relative is in participant's best interest
- Selected from the picklist by the family/child to provide the service
- Maintains the qualifications required for Respite Care service for an individual service provider (see *Other Standards for CMHW Respite Care Providers*)
- The relative is related *by blood, marriage, or adoption*
- The relative does not live in the home with the child and is not the child's primary caregiver

Note: Relatives may provide respite services in their home. For example, grandmother is an approved individual respite provider. She may provide respite services to her grandchild in her home.

Wraparound Child & Family Team Meetings

- Attendance at CFTM meetings is mandatory for all respite providers
- Meetings may last an hour or more. Providers are required to stay for the entire meeting, so plan accordingly
- Meeting attendance may be virtual for respite providers who live more than 60 miles from the CFTM meeting location
- Attendance is not billable. Time spent at the CFTM meeting is included in the reimbursement rate for respite
- Reoccurring absences from meetings may result in corrective action up to and including de-authorization as a provider

Facility Based Licensure

One of the locations that respite can be provided is in a DMHA authorized facility. However, special licensure is required. The following applies to accredited & non-accredited agencies:

One of the following licensure types is required:

- Emergency shelters licensed under 465 IAC 2-10;
- Foster Homes licensed under IC 31- 27-4 and IC 31-27-4-3 only when the Licensed Child Placing Agency is the 1915(i) approved agency provider. DMHA will have the authority to request a copy of the home study that was conducted on the foster parent providing 1915(i) respite services;
- Other child caring institutions licensed under IC-31- 27-3;
- Child Care Centers licensed under IC 12- 17.2-4;
- Child Care Homes licensed under IC 12- 17.2-5- 1;
- School Age Child Care Project licensed under IC 12- 17-12; or
- Psychiatric Residential Treatment Facility licensed under 465 IAC 2-11-1 as a private secure residential facility for Medicaid certification under 405 IAC 5-20-3.1.

Accredited agencies must also demonstrate one of the following:

- Community mental health centers approved as a community mental health center by the DMHA *(440 IAC 4.1-2-1)*
- Community service agencies accredited by AAAHC, COA, URAC, CARF, ACA, JCAHO or NCQA (For definitions of accrediting entities, see Section 24: Glossary of Terms and Acronyms.)
- Emergency Shelter Care IC 465 IAC 2-10

Note: For more information about how to obtain licensure, please contact the Indiana Department of Child Services or the Division of Family Resources. DMHA does not oversee the process of obtaining licensure. Except for the PRTF license, DMHA assumes that all other licenses are being used for the sole purpose of providing respite services for the CMHW program.

Other Standards for all CMHW Respite Providers

Respite Provider Qualifications

For accredited and non-accredited agencies that have been authorized by DMHA to provide respite in a facility, the agency must maintain the following documentation for each employee. Individuals, including relatives, authorized to provide respite must submit the following documentation to DMHA for review and approval. Non accredited agencies who are not authorized to provide respite in a facility, must also submit the following documentation to DMHA for review and approval.

- The individual is at least 21 years of age and has a high school diploma, or equivalent.

- The individual has one year of qualifying experience working with or caring for serious emotional disturbance youth (see *Section 13: Service Providers* in the CMHW provider module for additional information).
- The individual has completed and submitted proof of the following screens:
  - Fingerprint-based national and state criminal history background screen
  - Local law enforcement screen
  - State and local Department of Child Services abuse registry screen
  - Five-panel drug screen, or agency meets same requirements specified under the *Federal Drug Free Workplace Act 41, US Code 10 Section 702(a)(1)*
- Provide documentation of the following:
  - Current driver's license
  - Proof of current vehicle registration
  - Proof of motor vehicle insurance coverage
- All providers must complete the DMHA and Office of Medicaid Policy and Planning approved training for CMHW services.

Eligible Activities

The following activities are eligible for reimbursement under the CMHW Respite service:

- Assistance with daily living skills
- Assistance with accessing/transporting to/from community activities
- Assistance with grooming and personal hygiene
- Meal preparation, serving and cleanup
- Administration of medications
- Supervision
- Recreational and leisure activities

Activities not Allowed

The following activities are **not** eligible for reimbursement under the CMHW Respite service:

- Respite care provided by:
  - Parents of a participant
  - Any relative who is the primary caregiver of the participant
  - Anyone living in the participant's residence
- Respite services must not be provided as a substitute for regular childcare to allow the parent/caregiver to hold a job, engage in job-related or job search activities or attend school.
- Respite care services shall not be provided to the participant while he/she is attending school, including virtual schooling.
- Services not provided face-to-face
- Duplicative of any service covered under the Medicaid State Plan
- Billing for time spent attending the CFTM meetings or completing any CMHW related documentation
- Billing for unexpected respite if the wraparound facilitator was not notified within 48 of the hours of the youth beginning respite service
- Respite that exceeds current amount, frequency and/or duration limits (See Table 6). Unless authorized by DMHA.

- Respite care should not be used in place of acute care when the youth is in crisis or placement by the Department of Child Services
- Respite provided in a psychiatric residential treatment facility as a replacement for the participant's need for admission to a PRTF for treatment.

Note: You may not provide respite in your own home unless DMHA has authorized you and/or your agency as facility based or relative respite provider.

Service Delivery Standards

The following list shows service delivery standards for Respite Care:

- The service must address a need identified through the Child and Adolescent Needs and Strengths assessment and the CFTM process, be documented in the Plan of Care and authorized by the DMHA with a current Notice of Action.
- The service provider is required to participate and attend the CFTM meetings.
- Meeting attendance may be virtual for respite providers who live more than 60 miles from the CFTM location.

- Unexpected respite care must be reported, in writing, by the service provider to the Wraparound Facilitator within 48 hours. The service provider must provide a detailed summary of the request and include a description of the emergency that occurred and how the child's health and safety is at risk if respite would not have been provided.
- Upon receipt of the unexpected respite request, and verification of the justification, the wraparound facilitator will request the necessary units on intervention plan and submit a correlating care plan with a strategy reflective of the unexpected respite service following the completion of services.
- Unexpected respite can only be billed for two (2) units/days per stay. On the third day and beyond, billing must switch to the routine rate.
- Unexpected respite can not be added to the plan of care prior to the respite stay
- DMHA requires that all authorized providers obtain ten (10) hours per year of ongoing professional development training to maintain authorization. See Section 13: Service Providers in the CMHW provider module for additional requirements for facility-based respite care training.
- Respite service provided by the same provider to two or more CMHW participants residing in the same home at the same time must adhere to the following:
  - Total units of service for that date of service must be divided by the number of participants receiving the care. This is for respite that takes place in the participant's home or in the community.
  - Respite services for each participant are billed separately.
  - Billing total hours to each participant is considered duplicate billing and is not allowed; doing so may constitute fraud.
  - For Respite services provided in a facility-based setting authorized by DMHA, the provider must follow the same ratio requirements as indicated by their licensure. In these settings, there is not a requirement to divide the billing.

- Agencies authorized as facilities are required to notify DMHA within 10 days of any changes with the status of licensure.
- Agencies authorized as facilities are required to notify and receive approval from DMHA if operating or planning to operate any other service or program out of the DMHA authorized facility.

Rescheduling Respite

Deviation from the CFTM-planned respite schedule may only occur under extreme circumstances which must be approved by the DMHA. Reschedule requests should be initiated by the family by contacting their Wrap Facilitator. The Wrap Facilitator can request approval for reschedule by emailing the DMHA at DMHAYouthServices@fssa.in.gov.

Example of an acceptable reschedule: The child is sick with a fever when they are scheduled for respite. This is an extreme circumstance and is therefore allowed.

Example of an unacceptable reschedule: Mom has dinner plans with a friend scheduled for every Monday, so has planned respite in the Plan of Care for every Monday. Mom's dinner plan gets rescheduled last minute from Monday to Tuesday, so mom requests respite to be rescheduled to Tuesday. This is not considered an extreme circumstance and is therefore not allowed.

Documentation Requirements

The provider is responsible for service notes and the monthly summary report. Providers must adhere to all general documentation requirements as described in *Section 15: Documentation Standards and Guidelines* in the CMHW provider module and according to Medicaid rules and regulations. Additionally, Respite providers must document a running total of daily respite services utilized by the caregiver/participant in every monthly report. This is inclusive of all daily respite services regardless of the location. If monthly reports are not submitted timely, no further units will be requested. This information is needed to update the care plan.

DMHA monitors all respite service providers to ensure that the service is being provided as specified in the plan of care and in accordance with the CMHW program policy and procedure module. Monitoring may include, but is not limited to, an unannounced visit to the DMHA authorized home or facility during the period the respite service is approved.

Billing Information

Table 6 – Service Codes are Billing Information for Respite Care Services

RESPITE SERVICE	HCPCS Code and Modifier	DESCRIPTION AND HOURS/UNITS	Unit and Rate	Limitations (Amount/ Duration/ Frequency)

Respite routine hourly	**T1005 HA**	Unskilled respite care, not hospice; 15-minute units; child mental health wraparound services	$6.09 per unit 1 unit = 15 minutes	Billed for 15 min – 6 hours & 45 min per day. Max allowed 27 units per day
Respite routine daily	**S5151 HA**	Unskilled respite care, not hospice; daily unit; child mental health wraparound services	$243.77 per unit 1 unit = 1 day	Billed for 7–24 hours per day. Service not to exceed 14 consecutive days at any one time. Max 40 days per care plan year
Unexpected respite	**S5151 HA U1**	Unskilled respite care, not hospice; daily unit; child mental health wraparound services; respite unexpected daily	$292.53 per unit 1 unit = 1 day	Billed for 0–24 hours per day. Service not to exceed 14 consecutive days at any one time. Max 40 days per care plan year
Psychiatric Rehabilitation Treatment Facility Respite	**S5151 HA U2**	Unskilled respite care, not hospice; daily unit; child mental health wraparound services; respite daily in Medicaid certified PRTF	$321.52 per unit 1 unit = 1 day	Billing day is same policy as Medicaid PRTFs. Service not to exceed 14 consecutive days at any one time. Max 40 days per care plan year

Note: For all respite services a "day" starts and ends at midnight.

Providers cannot bill for any activity listed in the Activities Not Allowed section for this service. See *Section 16: Service Claim and Billing Overview* in the CMHW provider module for detailed claim and billing instructions. See the provider reference modules on the IHCP Provider Reference Modules page at in.gov/Medicaid/providers for general claims and billing information.

The unit of service should only be calculated out of the actual units needed based on the results of the strategy that the team came up with during the CFTM, while implementing the Intervention Plan.

Note: The provider will provide only those services in the amounts and time frames that have been authorized by the Wraparound Facilitator in the youth's POC and approved by the DMHA for the provider identified on the NOA.

Respite Billing Examples

Example 1:
During the CFTM the team agrees that the youth will spend an upcoming weekend at a facility that is authorized by DMHA to provide respite. The caregivers plan to drop the youth off on Friday after school with pickup on Sunday evening.

The youth arrives at 6 p.m. on Friday evening.

Friday 6 p.m. to midnight = 6 hours or 24 units of hourly respite
Saturday midnight to midnight = 24 hours or 1 unit of daily respite
Sunday midnight to 6 p.m. = 18 hours or 1 unit of daily respite

The plan of care and billing for this youth should reflect 2 routine respite daily units and 24 routine respite hourly units.

Example 2:
The youth is dropped off unexpectedly at the respite home at 11 p.m. on Friday.

The youth is picked up by the caregivers on Sunday at 6:30 a.m.

Provided the WF is notified within 48 hours and there is an appropriate rationale for requesting unexpected respite billing for this respite stay is two unexpected respite daily units and 6.5 routine hourly units.