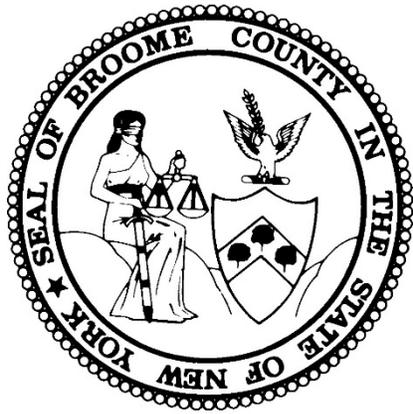


Broome County

Mental Health Department



Community Respite

Guidelines

Community Respite Guidelines

1. Introduction

In an effort to streamline waitlists and clarify expectations, Broome County Mental Health Department (BCMHD) has developed guidelines for *Community Respite* programs. The Program Code for *Community Respite* is 0650. These guidelines are effective beginning 01/01/2020.

2. Funding

Funding, by OMH via State Aid letter to Broome County as a Local Government Unit (LGU), is provided to serve children and adolescents who have, or at risk of, Serious Emotional Disturbance. BCMHD directly contracts with and governs the oversight of local not-for-profit service providers for the provision of certain services.

OMH State Aid funding is used to serve children & adolescents in need of *Community Respite* that cannot be enrolled in *Planned Respite* under the Home and Community Based Services (HCBS) waiver because the services have not initiated, they are without Medicaid, or they do not meet *Level of Care (LOC)* or *Level of Need (LON)* criteria.

Beginning September 2020, providers receiving funding to operate *Community Respite* programs are expected to be a designated *Planned Respite* provider through Children's HCBS, in good standing, with an active case load. Providers who do not meet this expectation will be reviewed for appropriateness for 2021 *Community Respite* programming.

3. Eligible Population

Children and youth who:

- reside in Broome County,
- are school-aged children entering Kindergarten up to age 21,
- are experiencing social, emotional, substance use and/or behavioral challenges in their home, school, placement or community.

4. Referral Process and Case Assignment

It is expected that *Children's Single Point of Access (C-SPOA)* and providers work collaboratively to manage individuals without eligibility for HCBS. As provided under Article 41 of Mental Hygiene Law, LGU/SPOA has oversight responsibilities for high-need populations and facilitates access to behavioral health services. Referrals to C-SPOA for *Community Respite* come from multiple sources including community providers, schools, forensics, hospitals, etc. Documentation is needed to support that the referred individual may have, or is at risk of developing, a Serious Emotional Disturbance.

Upon receipt of a referral, C-SPOA reviews the referral for eligibility, discusses appropriateness, and facilitates distribution to an appropriate provider at the C-SPOA Committee meeting. Children/Youth

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are approved for twelve (12) months of *Community Respite* at the time of initial assignment at the C-SPOA Committee meeting.

C-SPOA maintains the waitlist for *Community Respite*. Children on the waitlist are prioritized if the child or youth is returning from an out of home placement: Residential Treatment Center (RTC), Residential Treatment Facility (RTF), Community Residences, or hospitalization. Other considerations for prioritization are considered on a case-by-case basis through presentation to the C-SPOA Committee.

5. Caseload and Contact Requirements

Slot capacity is assigned to each agency for the number of children/youths to be concurrently served at any given time. The expectations for each “slot” are to provide once a month:

- a scheduled and structured respite activity in a community setting,
- transportation to and from the child/youth’s residence,
- one-on-one activity with the service provider,
- planned activity lasting at least two (2) hours, not including transportation time.

6. Staffing Requirements

Education, experience and training requirements for staff and supervisors are consistent with the guidance for “Provision of service in child’s residence or other community-based setting” found in the *Final Home and Community Based Services Provider Manual* (p. 19-21).

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

Additionally, direct service staff must have experience working with children with, or at risk of developing, a Serious Emotional Disturbance.

7. Case Record

A case record must be maintained for all youth enrolled in the *Community Respite* program. The record contains, at minimum: a plan of care (including emergency contact information), progress notes indicating date, location, and summary of each visit, and copies of any releases of information signed by the individual or their caregiver, as appropriate.

8. Program Requirements

According to the HCBS Manual, “*Planned Respite* services provide planned, short-term relief for the child or family/primary caregivers that are needed to enhance the family/primary caregiver’s ability to support the child/youth’s functional, developmental, behavioral health, and/or health care needs. The service is direct care for the child/youth by individuals trained to support the child/youth’s needs. This support may occur in short-term increments of time (usually during the day) or on an overnight or longer-term increment. *Planned Respite* activities support the Plan of Care goals and include providing supervision and activities that match the child/youth's developmental stage and continue to maintain the child/youth health and safety.”

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For the purposes of *Community Respite* slots supported by OMH State Aid, all activities occur during the day and support children/youth with behavioral health needs.

Documentation of contact with the individual and family members should be maintained in the case record in the form of a progress note.

9. Utilization Review

While youth are approved for twelve (12) months of *Community Respite* at initial assignment at the C-SPOA meeting, a Utilization Review (UR) process examines the ongoing needs of the youth at the nine (9) month mark. The UR is presented to the C-SPOA Committee and discussed for continuation. The UR requires, at a minimum, outstanding needs and updates on any adverse events that occurred.

10. Transition/Discharge from Community Respite

Children/Youth are discharged in accordance with their needs, recovery goals and preferences. The child/youth, along with their providers and natural supports, should be involved in the development of a discharge plan. The plan should include any linkages and/or information to support the individual's health, service needs, and safety post discharge.

Reasons for disenrollment may include, but are not limited to:

- The child/family no longer wants to receive *Community Respite*.
- The child/family has relocated outside of Broome County.
- The child/family is lost to contact.
- The child has obtained Medicaid and/or meets LOC/LON for HCBS.

11. LGU Oversight

LGU/C-SPOA has oversight of *Community Respite* slots funded by OMH State Aid. C-SPOA facilitates a current roster of individuals enrolled within each program. Providers are expected to work cooperatively with C-SPOA, providing notification of status changes promptly. C-SPOA maintains the waitlist for access to *Community Respite*. Eligibility and priority are determined in concert during C-SPOA Committee meetings.

a. Performance and Contract Management

BCMHD *Performance and Contract Management* staff conduct a site visit and an on-site audit of records consisting of 10% of individuals served annually, but not less than five (5) total records. Review of the Case Record includes required elements of documentation, number, and types of contacts. Advanced notification of at least one week is provided prior to the record review.

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b. Quality Measures

BCMHD monitors the *Length of Stay (LOS)*, percent of referred individuals enrolled (% enrolled), and number of days spent on the waitlist for individuals referred to each program.

c. Participation in C-SPOA Committee Meetings

Agencies operating *Community Respite* programs are expected to attend 80% of scheduled C-SPOA Committee meetings to receive referrals and provide updates on previously assigned cases. C-SPOA Committee meeting is scheduled every Tuesday of the month at 9:00AM.

Questions

Any questions may be directed to: MHContracts@co.broome.ny.us.