



SCOPE OF WORK TEMPLATE

Name of Program/Services:

Enhanced Respite Care Individual

Description of Services:

Respite provides periodic or scheduled overnight facility based support and relief to the primary caregiver(s) from the responsibility and stress of caring for the individual. NC Innovations respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs, but it may not be billed on the same day as Residential Supports. This service enables the primary caregiver to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. This service also enables the individual to receive periodic support and relief from the primary caregiver(s) at his/her choice. Respite may be utilized during school hours for sickness or injury. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). The primary caregiver(s) is the person principally responsible for the care and supervision of the beneficiary and must maintain his/her primary residence at the same address as the beneficiary.

Target Population and Eligibility Criteria:

Members meet criteria for enhanced respite program when their needs have been assessed and determined to require interventions beyond staffing required in Clinical Coverage Policy 8P due to complex medical or complex behavioral needs of members for whom the waiver definition does not fully support. Enhanced program respite criteria may be met for complex medical, complex behavioral or both.

Documentation Requirements:

The minimum service documentation requirements for services provided through the NC Innovations Waiver are contained within Clinical Coverage Policy 8P.

The Individual Service Plan will be updated to clearly document the need for enhanced service beyond the standard service definition. This documentation will be person-centered, specific to the individual, and confirm any additional level of supports.

Utilization Management:

Program Eligibility Criteria for Medically Complex Needs:



(1) RN/LPN for daily medically complex needs and care tasks that cannot be delegated. If there is a combination of delegated and non-delegated tasks, the enhanced program will only apply to the hours that cannot be delegated. <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0221.pdf>

AND

(2) An annual assessment and service order from a qualified healthcare professional ordering RN/LPN daily tasks which cannot be delegated with recommended duration and frequency medically necessary to complete the non-delegated tasks.

AND

(3) A score of 7 or above on the Supports Intensity Scale (SIS) representing severe medical risk

AND

(4) Current supports are unable to provide the necessary medical interventions

AND

(5) There are no other waiver services that would be equally or more effective available.

Complex medical needs may be short-term or require long-term support. The assessment shall include a recommendation of the expected frequency and duration of RN/LPN care tasks required to meet the medically complex needs of the individual. All staff working directly or indirectly with the member must have documented training of the medical support plan initially and with each revision.

Program Continued Stay for Medically Complex Needs:

1. The member's complex medical needs have not improved or worsened and continue to require RN/LPN daily tasks which cannot be delegated.

AND

2. Criteria for program entrance 1-5 continue to be met.

Program Eligibility Criteria for Complex Behavioral Health Support Needs:

Enhanced behavioral health support needs for members with co-occurring ID/MHSUD/TBI presentation requiring the intervention of direct support professional (DSP). DSP staff qualifications must, at minimum, meet AP/QP (associate or qualified professional) with experience supporting members with co-occurring treatment needs or is a DSP with documented NADD or CBIS certification.

1. Member has been assessed and determined to require the support of qualified DSP staff due to meeting at least one criteria below:



(a) More than 2 critical incidents have been documented in the last 3 consecutive months. Critical incidents is defined as urgent care needs requiring the treatment team implement the member's crisis plan.

(b) Member is transitioning from Institution to family/own home and will only be living with family for limited time period and has a history of receiving behavioral health support needs while in the institutional setting.

(c) Frequently recurrent hospitalizations within the past year related to behavioral support need stabilization.

AND

2. Specialized Consultative services developed a Behavioral Support Plan which has been tried and found to be ineffective due to the need for daily intervention by a qualified DSP or Behavioral Health licensed staff.

AND

3. Member's needs have been assessed and determined that Outpatient Therapy is insufficient to meet the complex behavioral health needs or specialized outpatient therapy does not exist in the network.

AND

4. There is no evidence to support that alternative and cost effective interventions would be equally or more effective, based on North Carolina community practice standards.

AND

5. A score of 11 or above on the Supports Intensity Scale (SIS) representing severe behavioral risk.

Programs servicing members with Behavioral Health support needs have licensed behavioral health professionals on staff who train and monitor DSP work and provide at least weekly contact with team members to ensure maximum gains are being met with enhanced program. Training on the Behavioral Support Plan is required for all DSP involved in the member's care while in the Enhanced program. The Behavioral support Plan includes defined step down targets to return to a non-Enhanced program level of care from admission and included as part of the member's ISP.

Program Continued Stay for complex Behavioral Support Needs:

The criteria for continued stay in the enhanced Respite program must meet the following:

1. Any one of the following criteria:

a. The desired outcome of level of functioning has not been restored, improved, or sustained over the timeframe outlined in the member's behavioral support plan.

b. The individual receiving waiver services continues to be at high risk of interventions requiring frequent use of the crisis services, hospitalization or at risk for entry into an institutional level of care.

AND



2. Any one of the following:
 - a. Member is making satisfactory progress towards meeting goals and there is documentation to support continuation of direct support by the DSP is required to continue or sustain progress towards goals.
 - OR
 - b. Member is not making satisfactory progress towards meeting their goals and modifications to the behavioral support plan have been made for more effective interventions.
- AND**
3. Step down to lower levels of care has been assessed and determined to be insufficient to meet the complex behavioral health needs of the member.

Providers servicing members in the enhanced Respite programming shall have the capacity for emergency respite and facility based crisis stabilization in their contract, if they are not able to maintain the member or remediate crisis occurrence of medical and/or behavioral decompensation.

Review of the use of enhanced programs for periodic services should occur at least bi-annually and include review of supporting clinical documentation as part of the review to show need for continued stay or consideration of alternate levels of care. Step down from established medically complex enhanced programs, should include engagement with Care Coordination and documentation of a completed non-urgent case escalation with Alliance Medical Management.

Finance:

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