



WRAP-AROUND SERVICES: EMERGENCY RESPITE CARE FOR CHILDREN AND ADOLESCENTS

I. DEFINITION OF SERVICES:

Respite services provide safe, structured, therapeutic supervision for children and adolescents at one of the least restrictive levels of care. The duration of respite, typically between 4 and 48 hours for each episode of care, is individualized to match the treatment goals for each child. The ratio of provider to child is 1:3. Respite providers collaborate with the consumer's clinician and family with the purpose of meeting consistent objectives toward these treatment goals. Respite services vary in frequency and include daily activities in the community, overnight stays, and/or consecutive overnight stays. The initial requests are 3-month in length in weekly or bi-monthly intervals. Extension requests vary according to the need. Approved respite providers have sufficient clinical experience in the mental health field. They are competent, professional, and ethical and meet the ongoing childcare standards upon hire. Emergency respite serves as a crisis intervention to prevent immediate inpatient hospitalization or out-of-home placement.

II. CRITERIA FOR ADMISSION:

A. Presence of Medicaid Capitation-covered DSM IV and ICD-9-CM diagnosis which is the cause of significant psychological, vocational/educational, social, or family impairment as evidenced by one or both of the following:

1. Behavioral/emotional escalation presents disruption in his/her place of residence significant enough to risk out-of-home placement.
2. The lack of family and consumer resources with which to manage or decrease the behavioral/emotional escalation creates an imminent risk for inpatient hospitalization or re-hospitalization.

AND

3. The consumer does not meet Medical Necessity Criteria for a higher level of care, and he/she presents no imminent danger to self or others and is not determined to be gravely disabled. This is evidenced by the consumer's verbal or written contract for safety explicitly not to harm self or others.
 4. Less restrictive services have been attempted without success and/or have been ruled out due to safety concerns.
- B. There is no presence of a major medical condition requiring intensive medical and/or nursing care.
- C. A MHC Emergency Services clinician (*OR licensed clinician employed at one of BHI's three contracted mental health centers or in BHI's contracted provider network*), evaluates the consumer in crisis and makes the direct referral to one of BHI's respite providers (in the consumer's home, the clinician's office, or an ED).

- D. The Medicaid-insured consumer (ages 4 to 17) is open in one of BHI's three contracted mental health centers or in BHI's contracted provider network.
- E. The consumer is not in the custody of the Department of Social Services.
- F. The referring clinician agrees to give the assigned respite provider all clinical information necessary to facilitate the transition.
- G. The consumer is able to de-escalate in the presence of the respite provider and can follow his or her direction and guidance.
- H. The parent/guardian consents to Emergency Respite with signatures on all required Releases of Information and agrees to remain at home and be readily accessible by phone during the emergency respite period.
- I. The family's emergency contact must know the consumer well in order to assist the respite provider effectively in any subsequent crisis.
- J. The family is willing to provide transportation to and/or from the respite provider's home should the respite provider request it.
- K. The medical needs of the child are assessed and well documented. All prescription medication instructions are given with adequate amounts to the respite provider during the transition into his/her care. **No consumer is accepted into a respite provider's home without adequate prescribed medication to last through the duration of emergency respite care.**
- L. There is a reasonable expectation that the consumer will benefit from emergency respite care while the family develops and learns to access more permanent mental health resources for ongoing child supervision.
- M. The consumer's treatment plan and goals for respite indicate that the discharge plan from respite begins with the initial request for admission.

III. CRITERIA FOR CONTINUED STAY

Continued stay in emergency respite is most often contraindicated and is authorized only on a case by-case basis.

The continued stay for respite is "routine respite." Please follow the Medical Necessity Criteria for: WRAP-AROUND SERVICES: ROUTINE RESPITE CARE FOR CHILDREN AND ADOLESCENTS.