



WRAP-AROUND SERVICES: ROUTINE 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. Routine respite is designed, as with all of BHI wrap-around services, to prevent inpatient hospitalization and 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; i.e., 24-hour supervised care in an RTC or acute inpatient hospitalization setting. He/she may, however, receive additional mental health care in day treatment, outpatient psychotherapy, or intensive outpatient psychotherapy.
4. Less restrictive services have been attempted without success and/or have been ruled out due to safety concerns.
5. There is no presence of a major medical condition requiring intensive medical and/or nursing care.
6. The consumer can contract for safety verbally or in writing with the agreement not to harm self or others.

7. The parent/guardian consents to respite as evidenced by signatures on all required Releases of Information and by their verbal agreement to communicate both with the respective respite provider and primary clinician.
- B. The consumer is within the ages of 4 to 17 and is open in one of BHI's three contracted mental health centers or in BHI's contracted provider network.
- C. There is a reasonable expectation that the consumer will benefit from routine respite care while the family develops and learns to access more permanent mental health resources for ongoing child supervision.
- D. 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

- A. The consumer continues to experience functional impairment significant enough to benefit from respite as a wraparound service with the expectation of improvement.
- B. Documentation of progress toward original goals supports the benefit of respite.
- C. An adjustment to the treatment plan reflects goals required for continued progress.
- D. The family continues to be actively involved in the consumer's treatment.