

**NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
MEDICALLY FRAGILE WAIVER (MFW)**

RESPITE STANDARDS

Effective January 1, 2011

Respite care services allow the primary caregiver a limited leave of absence in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. By permitting the caregiver a specific and limited break from the daily routine of providing care, burnout is reduced and the primary caregiver receives a source of support and encouragement to continue home care services. Respite services are provided for a maximum of fourteen (14) days or three hundred thirty-six (336) hours per ISP cycle.

Respite may be provided in the follow locations: the participant's home or private place of residence, the private residence of a respite care provider, a specialized foster care home, a Medicaid certified hospital, a Medicaid certified nursing facility, or a Medicaid certified Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

I. SPECIALIZED RESPITE HOME

A. Definition: A specialized respite home is an agency licensed in New Mexico as a specialized foster home by the Protective Service Division (PSD) of the Children, Youth and Families Department (CYFD).

1. Specialized respite care will be provided in the licensed specialized foster care home under a licensed child placement agency.
2. The participant/participant representative is required to request this service from their assigned Medically Fragile Waiver (MFW) Case Manager (CM).
3. The agency must ensure the health and safety of each participant when providing respite care services.

B. Scope of Service:

The specialized respite care provider will adhere to the specific regulations regarding their licensure as an agency and the provision of care that is covered, including:

1. Providing medical and nonmedical care;
2. Preparing and assisting in preparation of meals and eating, and administering enteral (tube) feeding;
3. Providing tracheotomy and ostomy care as appropriate;
4. Monitoring all medical needs, such as providing ventilator/certified trained nursing staff as appropriate;
5. Administering medications as ordered by the physician(s)/Healthcare Practitioner;
6. Providing catheter and supra-pubic catheter care;

7. Providing blood checks as ordered;
 8. Providing personal care, such as bathing, showering, skin care, grooming, oral hygiene, bowel and bladder care; also assisting with and providing recreational activities for leisure and play;
 9. Assisting with enhancing self-help skills;
 10. Using appropriate interpersonal communication skills and language and developing a trusting relationship with the participant and his/her family from different social, cultural and economic background;
 11. Providing body positioning, ambulation, and transfer skills;
 12. Arranging for transportation to and from medical and therapy appointments;
 13. Assisting in arranging with health care needs and follow up as directed by the primary caregiver, physician/Healthcare Practitioner and CM;
 14. An emergency back-up plan must be in place prior to the initiation of the respite service. The back-up plan will include but is not limited to:
 - a. The respite agency must receive copies of guardianship papers, and/or Medical Power of Attorney;
 - b. The respite agency must receive contact information on guardians and individual(s) with Medical Power of Attorney;
 - c. The participant's family must participate and agree to the agency's guidelines for the provision of back-up services.
 15. It is the participant's family/participant representative's responsibility to schedule a time to meet with the proposed agency and agency's care provider prior to the provision of respite services. This meeting will determine if the proposed care provider is a good match for the participant/participant representative and to share information from the agency and the family.
 16. The participant/participant representative must follow the agency's guidelines for the provision of respite.
 17. The CM will communicate as needed with the respite provider and the participant/participant representative. The CM will provide the most current copy of the participant's Individual Service Plan (ISP), approved MAD 046 form, and all pertinent medical records.
 18. The Home Health Agency (HH Agency) will communicate as needed with the respite provider and the participant/participant representative. The HH Agency will provide the most current copy of participant CMS-485, physician/Healthcare Practitioner orders and nursing care plan(s).
- C. Agency Provider Requirements:
1. The agency is responsible to ensure that the direct support professional (registered nurse [RN], licensed practical nurse [LPN], home health aide [HHA], and agency's employees) meet all applicable MFW, State, and Federal requirements.
 2. Licensed nurses must follow the New Mexico Nursing Practice Act.
 3. The agency direct support professionals are required to provide non-medical services as listed under the scope of service.

4. Advance notice is required to be given to the CM for coordination of respite services. This includes a timeline.
 5. A log of respite hours must be established for each participant for financial accountability and reporting.
 6. The CM must complete and approve required paperwork for the agency's respite services prior to implementation.
 7. All services provided during respite must be documented in accordance with the documentation standards by the MFW, State, Federal, and agency requirements.
 8. Only short-term respite care services will be funded for up to fourteen (14) days per year.
- D. Administrative Requirements:
1. The agency must be a licensed specialized foster care home under a licensed child care placement agency through the CYFD/PSD.
 2. The agency must maintain a current MFW provider status per New Mexico Department of Health (DOH) Provider Enrollment Unit policies, including compliance with the Developmental Disabilities Supports Division (DDSD) Accreditation Policy.
 3. The agency must develop an emergency response plan(s) that identifies and fulfills the participant's needs.
 4. The agency must have a minimum of two (2) years of experience working with individuals who are medically fragile and developmentally disabled.

II. MEDICAID CERTIFIED HOSPITAL, NURSING FACILITY, OR ICF/MR

- A. Scope of Service Requirements:
1. Must be a New Mexico Medicaid Certified Hospital, nursing facility or ICF/MR.
 2. Must provide medical and non-medical care.
 3. Must provide medical services as prescribed by the primary care provider (PCP) and specialists and be coordinated with the hospital attending physician.
 4. An emergency back-up plan must be in place prior to the initiation of the respite service.
 5. It is the participant's family/primary care giver's responsibility to schedule a time to meet with the proposed agency and agency's care provider prior to the provision of respite services. This meeting will determine if the proposed care provider is a good match for the participant/participant representative. During the meeting, information will be shared between the agency and the family.
 6. The CM will communicate as needed with the respite provider and the participant/participant representative. The CM will provide the most current copy of the participant's ISP approved MAD 046 form, and all pertinent medical records.
 7. The HH Agency will communicate as needed with the respite provider and the participant/participant representative. The HH Agency will provide the most

current copy of CMS-485, physician/Healthcare Practitioner orders, and nursing care plan(s) to the respite agency.

B. Agency Provider Requirement:

1. The agency is responsible to ensure that the direct support professional (RN, LPN, HHA, and agency's employees) meet all applicable MFW, State and Federal requirements.
2. The agency must maintain a current Federal, State, DOH Provider Enrollment Unit status. See Provider Enrollment Unit contract for details.
3. The agency personnel must be culturally sensitive to the needs and preferences of participant and participant, participant representative and families. Arrangement of written or spoken communication in another language may need to be considered.

III. IN-HOME RESPITE

A. Scope of Service:

1. In-home respite provider must be a licensed HH Agency, licensed or certified Federally Qualified Health Center, or a Licensed Rural Health Clinic and a Medically Fragile Waiver Provider.
2. RN and LPN are the only category who can provide twenty-four (24) continuous hours of approved in-home respite services. RNs and LPNs must meet and comply with all MFW Private Duty Nursing (PDN) Standards.
3. The HH Agency must request and receive an agreement between the CM, HH Agency and participant/participant representative to deliver in-home respite services by a HHA. This must be identified in the ISP.
 - a. The participant/participant representative is required to submit a request in writing to the CM.
 - b. The participant/participant representative, CM and HH Agency will meet to develop the HHA respite plan.
 - c. The HHA plan for providing respite services must include but not limited too:
 - i. Which approved primary care givers will be available to the HHA;
 - ii. Which approved primary care givers will be providing services which are outside the HHA scope of practice;
 - iii. Specific hours respite services will be provided. The HHA will not provide 24 continuous hours of respite;
 - d. The services provided must be within the scope of the HHA skills as identified in the MFW HHA standards;
 - e. A HH Agency RN or LPN must be available for back-up emergency services.
4. A list of approved primary care givers will be maintained in the home in a central location. This list will be signed by the participant/participant representative.
5. It may be necessary to coordinate in-home respite services with more than one agency to provide 24-hour coverage by RN and/or LPN.

6. In-home respite services include medical and non-medical care.
 7. An emergency back-up plan must be in place prior to the initiation of the respite service.
- B. Agency Provider Requirement
1. The agency is responsible to ensure that the direct support professionals (RN, LPN, and HHA) meet all applicable MFW, State and Federal requirements for PDN and HHA.
 2. The agency will follow the MFW PDN and HHA Standards.
 3. Respite services must be provided by qualified personnel as delineated in the agency's licensure requirements and follow the MFW Standards and the MFW Provider Agreement.
 4. Advance notice to the CM is required. This includes a timeline from the participant/participant representative.
 5. A log of respite hours used must be established and maintained.
 6. The CM must complete and approve required paperwork for the agency's respite services prior to implementation.
 7. All services provided during respite must be documented following the documentation standards by the MFW, State, Federal and agency requirements.
 8. The agency personnel must be culturally sensitive to the needs and preferences of participant and members of their household. Arrangement of written or spoken communication in another language may need to be considered.

IV. REIMBURSEMENT

Each provider agency of a service is responsible for developing clinical documentation that identifies the direct support professionals' role in all components of the provision of home care, including assessment information, care planning, intervention, communications, and care coordination and evaluation. There must be justification in each participant's clinical record supporting medical necessity for the care and for the approved Level of Care, that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant representative, other caregivers as applicable. All services provided, claimed, and billed must have documented justification supporting medical necessity and be covered by the MFW and authorized by the approved budget.

- A. Payment for respite services through the MFW is considered payment in full.
- B. The respite services must abide by all Federal, State and Human Services Department (HSD) and DOH policies and procedures regarding billable and non-billable items.
- C. All billed services must not exceed the capped dollar amount for respite services.
- D. Reimbursement for respite services will be based on the current rate allowed for the services.

- E. The agency must follow all current billing requirements by the HSD and DOH for respite services.
- F. Service providers have the responsibility to review and assure that the information on the MAD 046 form is current. If the provider identifies an error, he/she will contact the CM or a supervisor at the case management agency immediately to have the error corrected.