
State of Rhode Island
Executive Office of Health and
Human Services
Center for Child and Family
Health
Certification Standards
Respite

October 23, 2013

Table of Contents

Respite Certification Standards

	PAGE NUMBERS
1.0 SERVICE INFORMATION AND BACKGROUND	
1.1. Introduction	1
1.1.1. Respite Services	3
1.1.1.1. Assessment and Use of Allocated Hours	3
1.1.1.2. Respite Direct Services	4
1.2. Intended Outcomes of Certification Standards and Services	5
1.3. Respite as a CEDARR Direct Service	6
1.3.1. Prior Approval, Coordination with CEDARR Family Center and Reimbursement	6
1.3.2. Period of Approved Service and Reimbursement	6
1.3.3. Coordination with CEDARR Family Center for Prior Approval of Respite	7
1.4. Commitment to Family Centered and Consumer-Directed Care	7
2.0 CERTIFICATION PROCESS	
2.1. Submission of Certification Application Required	8
2.2. Instructions and Notifications to Applicants	8
2.3. Information for Interested Parties	9
2.4. Certification	9
2.4.1. Possible Outcomes of Certification Review Process	10
2.4.2. Reimbursement Schedule	10
2.5. Continued Compliance with Certification Standards	11
2.5.1. Provisional Certification	11
2.6. EOHHS Responsibilities	12
2.6.1. Oversight and Authorization	12

Table of Contents

Respite Certification Standards

3.0 BACKGROUND TO DEVELOPMENT OF RESPITE

3.1. Development of Respite	12
3.2. The Respite Care Committee	13
3.3. Waivers	13

4.0 TARGET POPULATIONS AND LOCATION OF SERVICE WITHIN CONTINUUM OF CARE

4.1. Eligibility	13
4.2. Respite Within the Continuum of Care; Appropriateness of this Level of Care	14
4.2.1. Clinical Appropriateness Criteria for Initiation of Service	14
4.2.2. Discharge Criteria	14
4.2.3. Reasons for Respite to Be Terminated or Discontinued	15
4.3. Restrictions on Appropriateness	15
4.3.1. Restrictions on Appropriateness of Service	15

5.0 SERVICE DESCRIPTION - REQUIRED SCOPE OF SERVICES

5.1. Consumer Direction	16
5.2. Service Components	16
5.2.1. Direct Services	16
5.3. Duration and Continuation of Service	17
5.4. Categories of Respite Service and Safety Plans	17
5.4.1. New and Renewal Respite Service and Safety Plans	17
5.4.2. Requests for Urgent/Emergency Respite	17
5.5. Transportation	17
5.6. Respite Service and Safety Plan	18
5.7. Respite Performance Standards	19

Table of Contents

Respite Certification Standards

5.8. Timeliness of Assessment and Development of Respite Service and Safety Plan	19
5.8.1. Timeliness Standards for New Referral	19
5.8.2. Timeliness Standards for Intake Appointment	19
6.0 CERTIFICATION STANDARDS	
6.1. Requirements for Organization of Delivery of services	19
6.2. Agreement to Accept Appropriate Referrals	20
6.3. Family Direction, Client Rights and Ethical Standards of Practice	20
6.3.1. Family Centeredness and Consumer-Direction	20
6.3.2. Family Rights and Responsibilities	20
6.3.3. Right to Terminate Respite Services	21
6.3.4. Ethical Standards and Professional Conduct	22
6.4. Coordination and Communication with CEDARR Family Centers	22
6.4.1. CEDARR-Respite Agency Dispute Resolution Process	23
6.4.2. EOHHS Fair Hearing Process/Appeal Rights	23
6.5. Strength of Program Approach: Process of Care and Management of Respite Services	23
6.5.1. Process of Consumer-Directed Respite Care	23
6.5.1.1. Screening and Intake for Respite Services	23
6.5.2. Management of Respite Services	24
6.5.3. Respite Service and Safety Plan Development and Renewal Procedures	24
6.5.4. Timeliness Standards for Renewing Respite Service and Safety Plans	24
6.5.5. Timeliness Standards for Respite Service and Safety Plan Review Process	24
6.6. Roles and Scope of Practice	25
6.6.1. Staffing and Qualifications	25

Table of Contents

Respite Certification Standards

6.6.2. Respite Program Coordinator	25
6.6.3. Respite Worker	26
6.6.4. Agency Orientation and Training	26
6.6.5. Preparation of Staff	26
6.7. Timeliness of Service, Other Access Standards	27
6.7.1. Hours of Service	27
6.8. Service and Monitoring & Reporting	27
6.8.1. Annual Reports	27
7.0 MANAGEMENT STANDARDS	
7.1. Incorporation and Accountable Entity	28
7.1.1. Partnership or Collaboration	28
7.2. Governance and Mission	29
7.3. Well Integrated and Organized Management and Operating Structure	29
7.3.1. Administration	30
7.3.2. Financial Systems	30
7.4. Human Resources, Staffing	32
7.5. Quality Assurance/Performance Improvement	33
7.6. Information Management, Record Keeping	34
7.7. Health & Safety Risk Management	36
APPENDICES	
I. List of CEDARR Family Centers	
II. Level of Care Criteria for Respite for Children Waivers	
III. Respite Agency Responsibility for Monitoring Medicaid Eligibility	
IV. Roles and Responsibilities of Respite Agency, Family and Respite Worker	

Table of Contents

Respite Certification Standards

- V. Respite Service and Safety Plan Template
- VI. CEDARR Family Center Roles and Responsibilities
- VII. EOHHS Fair Hearing and Appeals Information
- VIII. Acknowledgement and Confidentiality

**State of Rhode Island
Executive Office of Health and Human Services
Center for Child and Family Health
Certification Standards**

Providers of Respite Services

1.0 SERVICE INFORMATION AND BACKGROUND

1.1 Introduction

Rhode Island is committed to the development of home and community-based support systems for families of Children with Special Health Care Needs (CSHCN) that reflect the values of self-determination and independence. These values guide the development of services and supports to enable children and youth with special health care needs to grow, develop and live as independently as possible in their homes and community. These supports and services will maximize opportunities to succeed in the least restrictive and most natural settings. As these children and youth mature into adulthood, the skills developed through these services will help them take greater responsibility and control of their own care.

To promote these community based support systems and services, the Rhode Island Executive Office of Health and Human Services (EOHHS) is soliciting applications from qualified organizations to become certified as Respite agencies for Medicaid-eligible Children with Special Health Care Needs.

Respite can enhance the quality of life of Children with Special Health Care Needs to live and participate as valued family members. It can provide an opportunity for Children with Special Health Care Needs to form relationships with other adults. By supporting their primary care giver and providing needed respite from care giving responsibilities, time spent in the care of a Respite Worker can relieve stress that builds up over time in the relationship between the child and primary care giver. Improving the health of this primary care giving relationship improves the quality of life for the child. Additionally, provision of respite can help to delay or avoid the need to place a child in an institutional setting.

Respite is often used by caregivers who also have other children to allow them to spend one on one time with these other children. This can enhance the maintenance of sibling and extended family relationships. The family unit as a whole is often the beneficiary of respite services. These benefits include:

- Allowing the family to participate in outside activities, decreasing their feelings of isolation;

- Providing the family with rest and relaxation;
- Improving the family's ability to cope with the daily responsibilities of care of the child;
- Enabling parents to bond with/focus attention on normally developing siblings;
- Maintaining the family's stability in crisis situations;

The proposed services are based on a feasibility study funded by the Center for Medicare and Medicaid Services (CMS) in 2003 to examine whether Rhode Island could extend its current provision of respite services to children with developmental disabilities to a wider population of Children with Special Health Care Needs. The feasibility study has been carried out and has included the following activities:

- A review of the literature about respite and its impact on families;
- A review of evaluation studies on the impact of respite on families;
- Focus groups and key informant interviews with parents in the existing system, advocates and service providers;
- A survey of parents currently receiving respite under an existing MRDD waiver and state funded respite;
- A survey of parents at intake into the CEDARR Family Centers to determine the perceived need of parents for respite;
- Participation in national Technical Assistance activities conducted by Rutgers University under contract with CMS;
- Attendance at a national conference on respite;
- Creation of a Respite Care Committee made up of parents, advocates and representatives of other state departments interested in respite;
- Consultation with the Respite Care Committee on key design elements of the Respite Program design and these standards.

Respite Agencies will:

- play a critical role in supporting and facilitating the availability of consumer-directed, family centered respite services for these children and their families;

- play an equally critical role in workforce development for Respite Workers, providing fresh approaches to identifying a pool of individuals willing to provide respite services,
- ensure that these individuals are properly trained, and
- create an accessible system that helps to match a family in need of a Respite Worker with appropriate candidates.
- provide operational supports to families in the recruitment, training, management and oversight of Respite Workers as well as serve as a financial agent for the family in the employment of Respite Workers.

This certification process and the issuance of these Certification Standards provide the basis for EOHHS determination of agencies eligible to participate in and receive payment for provision of Respite. These Certification Standards establish the procedures and requirements for Respite services as administered by EOHHS.

1.1.1 Respite Services

Respite Services are specialized consumer-directed services provided through a Certified Respite Agency to Medicaid-eligible children living in the home who have been diagnosed with certain physical, developmental, behavioral or emotional conditions and who have been enrolled in one of three (3) Respite for Children Waivers administered by EOHHS. EOHHS will review all waiver applications and enroll eligible children in the appropriate waiver. Once enrolled, the child's parent/guardian must go to one of the four (4) certified CEDARR Family Centers for assessment of the need for respite. See Appendix I for a list of certified CEDARR Family Centers. For more information on these waivers see Section 3.2.

Section 4.0 provides greater discussion about the target populations for this service and criteria to be used in determining the appropriateness of the service for a child. Respite is intended to provide the caregivers of Children with Special Health Care Needs with time away from care giving responsibilities.

1.1.1.1 Assessment and Use of Allocated Hours

The CEDARR Family Centers will determine with the family whether respite services will be helpful. When a need for respite is indicated, the CEDARR Family Centers are then responsible for determining the extent of need and for recommending an allocation of respite hours to EOHHS. The allocations will be issued every twelve months in conjunction with the CEDARR Family Care Plan.

1.1.1.2 Respite Direct Services

For the Respite Agencies, the one reimbursable service is Respite Direct Services. Respite Workers, as employees or independent contractors of Respite Agencies, provide these services. The role of a Respite Worker is to ensure the safety and well-being of the child while the caregiver is absent and, when possible and appropriate, to offer socialization to the child and the opportunity to interact with another trusted adult. This may mean the worker must be trained to deal with the special needs of the child. Specific requirements around Respite Worker activities are further outlined in these standards.

A certified Respite Agency will use specific procedure codes and be entitled to submit claims for reimbursement for sessions of direct service provided to an eligible child by an appropriately trained Respite Worker. The Agency, in turn, will pay the Respite Worker for hours worked.

In order to create a pool of Respite Workers to support families in their recruitment efforts, the Respite Agency will undertake specific recruitment activities, examples of which are: public relations efforts that increase the visibility of the need; specific targeted recruitment efforts to groups such as retired teachers; retired state employees trained to work with these populations; currently employed individuals trained to work with these populations who may want part time work; classroom aides already employed in school systems; University based populations, parents of disabled children who might be willing to offer support to other families; parents whose children with special needs are now older and living independently...all with the goal of building up the pool of available Respite workers.

Respite Agencies will create a directory of persons who are willing to provide respite. The directory should be a database capable of sorting based on geography, experience, training, etc. and will create the capability to provide on-line referral. The names of the potential Respite Workers will remain anonymous. Based on a survey of parents, EOHHS believes that much of the coordination and communication with families can be accomplished via a web-based site that is sufficiently interactive that parents can access resources, the worker directory, payroll forms, and their own log of hours at any time and with little direct support from the Respite Agency. Back-up to this web-based support system in the form of phone support must be available during normal working hours for families who do not choose to access the web-based site.

EOHHS will provide technical assistance to all certified Respite agencies requiring help in setting up this web-based directory. Certified Respite Agencies will have a year from their date of certification to develop this web-based directory. Alternately, a provider may satisfy this requirement by utilizing any on-line directory that may be developed by the State now or in the future.

Families authorized to receive Respite services may need resources to assist them in locating individual Respite Service providers. The Respite Agency should develop innovative methods to maintain a directory of persons who are willing to provide Respite services to the families that it serves. The characteristics of this directory shall be at a minimum:

- Computer based and accessible via the Internet
- Contain a listing of potential Respite Workers who have undergone necessary background checks
- The listing should include contact information, days the Respite Worker is available, geographic area they are willing to work in, and any special skills or experience they may possess
- Directory shall be updated on a regular basis (monthly at a minimum)
- Provide the capability to download forms needed by a family to manage the program
- Provide the capability to contact the Respite Agency via electronic mail.

The Respite Agency is required to develop a system where the functions listed above are available to families who do not have the capability to access the directory via the Internet; this system needs to be available only during normal business hours.

The Respite Agency is required to provide all Respite Workers with the option of voluntarily placing themselves in this directory as well as removing themselves from the directory.

Newly identified Respite Workers will be screened by the Respite Agency. An interview, reference check, BCI check and CANTS check are required, including for those Respite Workers recruited by parents. The Respite Agency is also required to conduct any other checks or investigations required by state or federal law. The Respite Agency will provide training and orientation to new Respite Workers that will include generalized information about service activities, consumer-directed care and payroll duties. The family will be responsible for providing the Respite Worker with detailed information about a child's condition as well as child-specific training, emergency procedures, and orientation to the home.

When preparing parents to participate in the Respite Program, Respite Agencies will provide a general orientation, specific instruction in the use of the website, forms and record keeping requirements, guidance and supports for emergency planning, child specific and home specific training for workers, tips on supervision, and instructions on how to access and use the Respite Program staff for problem solving when needed.

1.2 Intended Outcomes of Certification Standards and Services

Respite will expand the range and capacity of direct services available to meet the needs of Children with Special Health Care Needs and their families. Respite provides a great deal of flexibility in staffing and maximizes family control and choice. The core goal of Respite is to reduce stress for the primary caregivers and, thereby, to facilitate

independent community living for the child and participation in the most natural and least restrictive environment.

1.3. Respite as a CEDARR Direct Service

Certification of Respite Agencies for the provision of Respite is intended to further the “Statewide Vision for Children and Families with Special Health Care Needs.” This vision was developed by the Leadership Roundtable on Children with Special Health Care Needs, a representative group of family members, providers, public and private administrators and advocates convened for planning purposes by the Director, Department of Human Services.

Statewide Vision: “All Rhode Island children and their families have an evolving, family centered, strength based system of care, dedicated to excellence, so they can reach their full potential and thrive in their own communities.” Leadership Roundtable on Children and Their Families with Special Health Care Needs, April 15, 1999

All CEDARR Family Centers provide information and support services to families of Children with Special Health Care Needs. Linking families to appropriate resources (e.g., clinical specialists or services) and providing time-limited care coordination are central aspects of the CEDARR system of care.

CEDARR stands for Comprehensive Evaluation, Diagnosis, Assessment, Referral and Revaluation services and supports. The CEDARR Program Initiative includes two broad delivery system components:

- CEDARR Family Centers, and
- CEDARR Certified Direct Services

The CEDARR Family Center Certification Standards more fully describe the role of the CEDARR Family Centers and the related Certification Standards. They are available on-line on the EOHHS website www.eohhs.ri.gov

1.3.1 Prior Approval, Coordination with CEDARR Family Center and Reimbursement

Respite Agencies require prior approval from EOHHS in order to be reimbursed for Respite services. CEDARR Family Centers make recommendations to EOHHS for approval of specific levels of service to specific families. All claims are adjudicated by HP Enterprise Services (HP) in accordance with EOHHS and Medicaid Policy program rules.

1.3.2 Period of Approved Service and Reimbursement

The maximum period for approval of a Respite Service and Safety Plan is twelve months. Initial Respite Service and Safety Plans may be authorized for a shorter period in order

for their renewal date to coincide with the end date of the current CEDARR Family Care Plan. There is no limit to the number of Respite service cycles that can be recommended by a CEDARR Family Center and authorized by EOHHS. However, a child can receive Respite through only one Respite Agency at a time during a given authorization period. Families may switch to another Respite Agency if they so choose at any time.

1.3.3 Coordination with CEDARR Family Center for Prior Approval of Respite

A family may contact a CEDARR Family Center for a variety of reasons. Based on the child and family's interest, the CEDARR Family Center will conduct an Initial Family Intake and Needs Determination (IFIND), working with the family to understand their special needs and circumstances, and review available options. As appropriate, the CEDARR Family Center develops a Family Care Plan (FCP) that may identify a range of specialized service options and providers, including recommendations for CEDARR Direct Services (e.g. Respite) and/or any combination of service options determined to best meet the needs of the child in the safest, least restrictive and most natural setting.

If Respite is identified as a potential direct service, the CEDARR Family Center will inform the family of the risks, rights and responsibilities inherent in the consumer-directed nature of this direct service, and available choices of Respite Agencies. The family will choose the Respite Agency with which they want to work. Upon written permission from the family, the CEDARR Family Center will provide information from its own family and child assessment to the Respite Agency to avoid duplication of effort and unnecessary repetitions by the family.

1.4 Commitment to Family Centered and Consumer-Directed Care

The CEDARR Family Center Initiative seeks to incorporate the key elements of family centered care into practice. As a consumer-directed service option, Respite builds upon this commitment and further expands the participation of the family. Participating Respite Agencies are required to develop practices and services to facilitate consumer-direction in the program, and remain consistent to the overall principles of family centered care. Core practices include:

- 1) Incorporating into policy and practice the recognition that the family is the constant in a child's life and the experts in his/her service needs, while the service system and personnel within those systems fluctuate.
- 2) Maximizing choice and control for families, in order to build on their strengths and expertise, to provide the strongest and most coordinated support for the child.
- 3) Exchanging complete and unbiased information between families and professionals in a supportive manner at all times.

- 4) Incorporating into policy and practice the recognition and honoring of cultural diversity, strengths and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational and geographic diversity.
- 5) Appreciating families as families and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health, developmental, and social services and supports.
- 6) Ensuring services that enable smooth transitions among service systems and natural supports that are appropriate to the developmental stages of the child and family.

2.0 CERTIFICATION PROCESS

2.1 Submission of Certification Application Required

EOHHS may limit the number of entities that become certified as Respite Agencies. Applications for certification may be submitted by any human service organization. All Respite applicants will be evaluated on the basis of written materials submitted to EOHHS in accordance with these Certification Standards. EOHHS reserves the right to conduct on-site reviews and to seek additional clarifications prior to final scoring.

Potential applicants may submit applications for certification to EOHHS any time after the issuance of these Certification Standards. Application reviews will be scheduled periodically by EOHHS based on receipt of applications. Agencies will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of four weeks for the review process, once an application has been received by EOHHS.

2.2 Instructions and Notifications to Applicants

This document sets forth the Certification Standards for Respite Agencies. In accepting certification from EOHHS, Certified Respite Agencies agree to comply with these Certification Standards as presently issued and as amended from time to time by EOHHS, with reasonable notice to providers.

Within Sections 6 and 7, specific performance standards and expectations are identified. Applications will be scored on the basis of responses to each of these specific standards and expectations. Applications are to address each of these areas in the sequence presented. Applicants are to use the numbering system in these standards to identify the sections being addressed in the application. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards may be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws.

Interested parties are encouraged to contact the Center for Child and Family Health (CCFH) at EOHHS for further information and clarification. Letters of Interest are strongly encouraged to ensure that EOHHS is able to keep interested parties up to date regarding scheduled meetings or program clarifications that may be needed. Inquiries and completed applications should be directed to:

Sharon M. Kernan, RN, MPH
Assistant Administrator
Center for Child and Family
Health Executive Office of Health
and Human Services
74 West Rd. #74
Cranston, Rhode Island 02920
Phone: (401) 462-3392

Once an agency is certified, the provider will seek enrollment with HP. A provider agreement must be signed. Once certified, providers must comply with all other Medicaid rules and regulations. If you have any questions about the enrollment form or enrollment process, please call HP at 1-800-964-6211 or consult the EOHHS website, www.EOHHS.ri.gov.

2.3 Information for Interested Parties

Upon initial release of these Respite Agency Certification Standards, EOHHS staff will be available to provide information for those pursuing certification. If appropriate, EOHHS will provide written addenda to these standards to further clarify certification requirements.

2.4 Certification

As set forth in these standards, certification as a Respite Agency is required in order for EOHHS to reimburse for Respite services. Certification requires that Respite Agencies adhere to these standards and performance expectations, as well as provide periodic reports to EOHHS. These Certification Standards include certain performance standards.

Subsequent to certification, EOHHS will monitor the performance of certified Respite Agencies and their continued compliance with certification requirements. Certified agencies are required to notify EOHHS of any material changes in their organization's circumstances or in program operations. On the basis of ongoing monitoring, including review of required reports submitted by certified agencies, EOHHS may identify deficiencies in performance and/or compliance with certification requirements. Based on such review and related communications, certification status may be modified to Provisional Certification. Fully Certified and Provisionally Certified agencies will be reimbursed using different rate schedules (see Table 2 in Section 2.4.2 for Rate Schedules; see Section 2.5, "Continued Compliance with Certification Standards" for a fuller discussion of Provisional Certification).

2.4.1 Possible Outcomes of Certification Review Process

Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these Respite Certification Standards.

Three basic outcomes are possible as a result of the application review process. These are:

- Certification—no conditions
- Certification—with conditions – An applicant may describe a program that meets most of the Certification Standards, but for one reason or another does not fully comply with the certification requirements at the time of application submission. In such case the applicant may be offered “Certification with conditions” and application deficiencies will be identified by EOHHS. The applicant will be required to address them by submitting an amended proposal with specific dates for addressing deficient areas of compliance. This plan must be accepted and approved by EOHHS.
- Not certified – In other cases the review team may determine that an application does not meet the requirements for certification and certification will not be offered to that agency. Deficiencies in the application will be identified. This will be done without prejudice and interested applicants will be encouraged to address deficiencies and submit an amended application.

While certification is not a competitive process, EOHHS may limit the number of Respite Agencies.

2.4.2 Reimbursement Schedules

Table 2 lists the schedule of reimbursement. These rates are effective for services provided beginning May 1, 2007.

Table 2: Respite Reimbursement Schedule

Service Description	Rate Schedule	
	Certified	Provisionally Certified
Respite Direct Services		
Per 15 minutes	\$4.62	\$4.16

The maximum amount of hours that can be billed in any 24 hour period is fifteen (15).

2.5 Continued Compliance with Certification Standards

Certified Respite Agencies shall comply with these Respite Certification Standards throughout the period of certification. Failure of EOHHS to insist on strict compliance with all Certification Standards and performance standards shall not constitute a waiver of any of the provisions of these Certification Standards and shall not limit EOHHS' right to insist on such compliance. EOHHS will monitor and evaluate Respite Agencies for compliance with Medicaid and State laws as well as these Standards and EOHHS regulations and policies pursuant to the management of Respite. Respite Agencies are required to provide periodic reports to EOHHS as identified in Section 6.7, "Service Monitoring and Reporting." For purposes of review, certified and provisionally certified providers will provide access to appropriate personnel and written records by EOHHS and/or its agents at reasonable times.

EOHHS reserves the right to apply a range of sanctions to providers that are out of compliance, based upon the extent and severity of the violation. These may include:

- a) Suspension of new referrals.
- b) Change of certification status to Provisional Certification.
- c) Recoupment of funds when violations of Medicaid regulations, State law, or EOHHS policies, including these Certification Standards have taken place.
- d) Suspension of certification, depending on severity of violation with transfer of clients to another Respite Agency
- e) Referral to appropriate legal authorities.

2.5.1 Provisional Certification

As a result of its review activities EOHHS may identify deficiencies wherein an agency is not in satisfactory compliance with the certification and/or performance standards. In such instance, EOHHS will notify the agency in writing of such deficiencies and will set forth a period of time within which the agency must come into compliance or provide a corrective action plan acceptable to EOHHS. Such corrective action plan will include specific steps to be taken to come into compliance and defined dates for achievement of those steps.

The length of the period set to come into compliance or to have a corrective action plan accepted by EOHHS will depend on the specific circumstances and will be at the discretion and judgment of EOHHS. In cases, for example, where the safety of a child may be in jeopardy such period may be as short as twenty-four (24) hours; under no circumstances shall the period exceed thirty (30) days from the date of notification of deficiency.

In the absence of a plan acceptable to EOHHS or in the event of failure to meet the timelines set forth in the corrective action plan, EOHHS retains the right to modify certification status of the agency to provisional. Provisional Certification will remain in effect until EOHHS determines that there is, in its judgment, satisfactory resolution of deficiencies. The duration of Provisional Certification status shall not exceed six months at which point continued non-compliance with EOHHS requirements shall result in de-certification. The foregoing represents EOHHS' preference to engage in constructive remedial activity where deficiencies may be present. The foregoing shall not, however, limit EOHHS' rights to de-certify a provider in the event of non-compliance and failure to take responsive action to address deficiencies. Nor does it limit any remedies available to EOHHS under existing federal and state Medicaid law and policy.

2.6. EOHHS Responsibilities

EOHHS has the responsibility to inform appropriate State agencies of any instances of fraud, suspected fraud or misuse of Medicaid funds and professional misconduct.

As a Medicaid provider, the Respite Agency is obligated to comply with all applicable state and federal rules and regulations. Certified Respite Agencies agree to comply with EOHHS program requirements. EOHHS reserves the right to amend program requirements periodically, with reasonable notice to certified Respite Agencies.

2.6.1. Oversight and Authorization

EOHHS, in accordance with Medicaid regulations, may place limits on services (e.g., establish amount, duration, and scope of services) and exclude any item or service that it determines is not medically necessary, is unsafe, experimental, or is not generally recognized as an accepted method of practice.

3.0 BACKGROUND TO DEVELOPMENT OF RESPITE

3.1 Development of Respite

Respite enriches the continuum of services available to Medicaid eligible Children with Special Health Care Needs and increase the possibility of self-direction for families over their child's care. Respite follows the development of Personal Assistance Services and Supports (PASS). As a CEDARR Family Center Direct Service, Respite will further enhance the options available for this population. Along with PASS, the Respite option expands child and family choice, and decreases reliance and dependency on agency based models of care. Examples of services that these children may be receiving currently or also may be eligible for are Private Duty Nursing, Certified Nursing Assistants, Home Based Therapeutic Services and Kids Connect (Therapeutic Child and Youth Care). Further descriptions of each of these services can be found on the EOHHS website at www.eohhs.ri.gov.

3.2 The Respite Care Committee

In spring of 2004, EOHHS convened a Respite Care Committee consisting of parents, advocates and representatives of other state departments interested in respite. This group reviewed the research about respite conducted during the feasibility study, helped to shape the parent survey instruments, attended focus groups and, in consultation with EOHHS, has helped to shape the design of this proposal.

3.3 Waivers

The Center for Medicare and Medicaid Services (CMS) has approved three (3) 1915-C waivers which allow respite to be provided as a Medicaid -eligible service. These waivers set forth the terms and conditions upon which respite can be provided. Per federal regulation, separate waivers have been approved for children who meet the following levels of care:

- Acute hospital and nursing facility
- Psychiatric hospital
- Intermediate care facility for the mentally retarded (ICF/MR)

EOHHS has received approval for a total of 400 slots for these 3 waivers, i.e. a total of 400 children can be enrolled in these waivers at any one point in time.

4.0 TARGET POPULATIONS AND LOCATION OF SERVICE WITHIN CONTINUUM OF CARE

4.1 Eligibility

The population eligible to be served by Respite Services is:

- Children who are Medicaid eligible and are enrolled in one of three (3) 1915-C waivers managed by the Executive Office of Health and Human Services. These waiver criteria include:
 - the child must meet the level of care criteria for admission to a hospital, nursing home or Institutional Care Facility for the Mentally Retarded (ICF/MR). See Appendix II for a detailed description of Level of Care Criteria.
 - the child must also meet stipulated resource requirements.
 - the child must live with his/her parents/legal guardians in the community.

- the child can range in age from infant to age 21 (up to the twenty-first birthday.)
- Families of eligible children must understand and agree to the risks and responsibilities of supervising the Respite Worker. They must be able to maintain and sustain their role as primary caregiver of the child and assume the responsibilities of consumer-directed services.

4.2 Respite Within the Continuum of Care; Appropriateness of this Level of Care

Respite is a service option within the continuum of care. The CEDARR Family Centers, along with the family, will determine whether respite is an appropriate service. Respite services should be provided in the context of a Family Care Plan developed by the CEDARR Family Center. Decisions regarding the appropriateness of this intervention need to take into consideration the appropriateness criteria for Respite set forth below.

4.2.1 Clinical Appropriateness Criteria for Initiation of Service

These criteria pertain to the initial determination of appropriateness of this service as recommended by a CEDARR Family Center and agreed to by the family. Receipt of an allocation for respite hours requires all of the following criteria to be met and documented:

1. Respite can be provided in the home or community without compromising the child's health and safety.
2. The primary care giver indicates a need for relief of care giving responsibilities.
3. The child is living at home with a parent or legal guardian. The parent(s), or the child's legal guardians are capable and willing to accept the responsibilities of, and cooperate with the Respite program requirements, including the requirements for parental participation involved with consumer-directed services.
4. A Respite Service and Safety Plan for the child has been completed by the family and the Respite Agency.

4.2.2 Discharge Criteria

A child can be discharged when he/she no longer needs respite services or he/she is no longer eligible. Reasons for discharging a child and family from Respite services can include any of the following:

- 1) Primary care giver has evolved a stronger system of supports and no longer requires assistance.
- 2) This level of service is no longer appropriate (i.e. more specialized medical treatment is required, or child can no longer be maintained in the home).

- 3) Child no longer meets waiver criteria and has been discharged from the waiver.
- 4) Loss of Medicaid eligibility (See Appendix III: Respite Agency Responsibility for Monitoring of Medicaid Eligibility).

4.2.3. Reasons for Respite to Be Terminated or Discontinued

Discontinuing means that the services are terminated for one of the following reasons. Reasons for Respite to be terminated can involve any of the following criteria:

- 1) The child is at risk of harm to self or others.
- 2) Withdrawal of consent for intervention from the child's parents or legal guardian.
- 3) The child's home environment presents safety risks to the Respite Worker working in the home. These include, but are not limited to; sexual harassment, threats of violence or assault, alcohol or illegal drug use, and health risks.
- 4) Lack of capability or willingness of the family to participate to the extent required.
- 5) The child, family, or guardian is not successfully following program rules and regulations or is no longer capable or willing to participate to the extent required agreed upon with the Respite Agency.
- 6) The child has been admitted to an institutional care setting for long-term care.

The Respite Agency will notify the family in writing as soon as possible regarding any termination or suspension of services in accordance with this section. The family will have the right to appeal any discontinuation of services to the Executive Office of Health and Human Services. All instances and circumstances that effect temporary suspension or termination of Respite services are serious and should be avoided if at all possible.

4.3 Restrictions on Appropriateness

4.3.1 Restrictions on Appropriateness of Service

EOHHS and the CEDARR Family Center reserve the right to determine that Respite services are being used appropriately to reach target populations. The degree of appropriateness will depend on the target population served and the individual needs of the child. The following guidelines shall be followed:

- 1) Respite will not be used for routine child care. Respite services will not replace or supplant the typical child rearing roles of a parent or guardian.

- 2) Respite involves family involvement and responsibility. Respite is not an appropriate service for families unable or unwilling to take on the risks and responsibilities inherent in consumer-directed models (See Appendix IV, Roles and Responsibilities of the Respite Agency, Family and Respite Worker.)
- 3) The CEDARR Family Center will investigate and recommend alternative services when families do not meet criteria for Respite.
- 4) The Respite Services are intended for the authorized child. The Respite worker is not responsible for other children in the home.

5.0 SERVICE DESCRIPTION - REQUIRED SCOPE OF SERVICES

5.1 Consumer Direction

Respite is a consumer- directed service, designed to maximize the control and choice families have over the specifics of service delivery. A consumer-directed approach assumes that the family is able to take on the primary responsibility of identifying a Respite Worker, developing a plan for use of the family's allocated respite hours, providing child specific and home specific training to the Respite Worker, and managing the paper work to ensure that the worker is paid. Respite Agency staff should be available to assist the family when necessary. In this family-professional team, the family takes leadership in defining what should be done and the Respite staff support the family's decisions, ensuring that appropriate safeguards for the health and safety of the child are in place.

The specific roles/responsibilities of both the family and the Respite Agency will be clearly delineated and agreed to by all parties in a Respite Service and Safety Plan. As consumer direction is at the core of Respite services, families have specific and essential responsibilities in the effective delivery of Respite services. (See Appendix IV, Roles and Responsibilities of the Respite Agency, Family and Respite Worker.) The family will direct the scope, content and schedule of the Respite Worker and evaluate his/her performance. The Respite Agency will support the employment of the Respite Worker through the Agency's training and payroll administration.

5.2 Service Components

A Respite Agency can be reimbursed for the following service component:

5.2.1 Direct Services

These are one-to-one services provided by a Respite Worker under the direction of the parent/guardian in accordance with an individualized approved Respite Service and Safety Plan.

The family will have an allocation of hours that has been recommended by the CEDARR Family Center and approved by EOHHS. These hours will be released in six-month increments. The family will determine how they wish to use these hours. Patterns of potential usage include: intermittent or occasional use; routine use of a few hours each week; planned weekends away; or a single block of hours that might allow for the rest of the family to spend a few days together, or some combination of the above. A completed Service and Safety Plan lists the responsibilities of the family, the Respite Agency and the Respite Worker. This agreement must include specific information about the appropriate tasks and responsibilities of the Respite Worker.

5.3 Duration and Continuation of Service

The maximum duration or length of time for Respite services is twelve months. There is no limit to the number of cycles of Respite services that may be approved for an eligible child and family. Respite approvals may be modified by the CEDARR Family Center upon family request and with EOHHS approval.

5.4 Categories of Respite Service and Safety Plans

5.4.1 New and Renewal Respite Service and Safety Plans

In order to initiate Respite Services, an initial Respite Service and Safety Plan must be submitted to a CEDARR Family Center by a certified Respite Agency.

A request for subsequent approvals of Respite services must be submitted to the CEDARR Family Center at least two (2) weeks before expiration of the current approved Respite Services plan.

5.4.2 Requests for Urgent/Emergency Respite

In addition to routine approvals, EOHHS has made provision for a pool of Respite hours that can be used in emergencies. Families can submit requests for additional respite hours for emergencies or urgent situations. Such requests will be submitted to the CEDARR Family Center.

5.5 Transportation

If parents/guardian wish the Respite Worker to transport a child during the provision of Respite services, they may make those arrangements directly with the Respite Worker.

The Respite Agency and the family must demonstrate that procedures are in place to protect the safety of the child being transported. This means addressing certain minimum criteria for all Respite Workers and vehicles engaged in transportation:

- Current and appropriate vehicle insurance that allows for transporting children;

- Current vehicle registration and valid State inspection;
- The Respite Worker's driving history must be free of accidents for the prior year, with no history of DWI;
- Family (parent or guardian) have signed a waiver for each Respite Worker releasing EOHHS of any liability and responsibility for anything that occurs as a result of transportation activities.
- Vehicle must be equipped with appropriate child safety seats and/or seat belts, as appropriate for child's age, weight and height.
- The Respite Worker must ensure that the child being transported is using appropriate child safety seats and/or seat belts as appropriate for child's age, weight and height.

The Respite Agency must ensure that the above requirements are met in full. This compliance must be included in the Respite Service and Safety Plan, which is signed by the parent/guardian and the Respite Agency. EOHHS will not assume any liability or responsibility for these activities. Respite Agencies are required to inform families of this policy and obtain the necessary documentation and parent/guardian signatures prior to providing any transportation. A specific waiver of liability is needed whenever transportation is provided by the Respite Worker. The family, the Respite Worker, and the Respite Agency must sign this waiver.

5.6 Respite Service and Safety Plan

- 1) Parents are prime contributors to the development and approval of initial and any renewal Respite Service and Safety Plans. The parent must sign the Respite Service and Safety Plan with the Respite Agency prior to its submission to the CEDARR Family Center to demonstrate participation in its development and agreement with its content.
- 2) Responses to comments or questions from the CEDARR Family Center about the Respite Service and Safety Plan and additional information requested by the CEDARR Family Center must be responded to in writing by the Respite Agency within five (5) calendar days of receiving the request to avoid delaying authorization of services. Late responses may result in disruption of reimbursement for care for the period affected by the delay.
- 3) The CEDARR Family Centers will monitor utilization and will engage with the family on a bi-annual basis to adjust the allocation of respite hours, as appropriate based on the family's circumstances. The CEDARR Family Centers are responsible for receiving approval from EOHHS for any change in the allocation of hours and are responsible for notifying the Respite Agency of any such changes. See Appendix V for a Respite Service and Safety Plan template.

5.7 Respite Performance Standards

Certified Respite Agencies are expected to provide services in compliance with Respite performance standards established to assure children and families of high quality services. These performance standards are set forth below. Agencies are required to provide periodic reports to EOHHS regarding their level of compliance with performance standards. Agencies that do not meet established performance standards will be required to provide corrective action plans. Consistent failure to meet performance standards may result in provisional certification status, and associated reimbursement schedule changes.

5.8 Timeliness of Assessment and Development of Respite Service and Safety Plan

Fully certified Respite Agencies will be in compliance with the Certification Standards and meet performance standards for the timeliness of services provided. The Respite Agency must meet the following timeliness performance standards:

5.8.1 Timeliness Standards for New Referral

This performance standard requires that the Respite Agency must contact the family, for 100% of those referred, within 2 weeks of referral from each CEDARR Center. Families must be offered a specific appointment date within two (2) weeks of referral. This must be documented in the record. Contacting less than 100% of families within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule.

5.8.2 Timeliness Standards for Intake Appointments

This performance standard requires that the Respite Agency submit a fully developed Respite Service and Safety plan to the CEDARR Center, for at least 95 % of plans developed, within 2 weeks of the initial intake appointment. Submitting less than 95 % of plans within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes unless the delay was due to family choice.

6.0 CERTIFICATION STANDARDS

6.1 Requirements for Organization of Delivery of Service

An applicant for certification must demonstrate that it brings to this program a sound combination of management skills, experience, and the capability to reliably support the provision of Respite. As part of the commitment to consumer-directed services, an applicant must demonstrate its capacity to effectively provide Respite Direct Services.

Sections 6 and 7 identify the requirements that must be addressed in a certification application. Applicants are to demonstrate their approach to meeting these requirements in writing. Further guidance as to how to complete the application is included in the attached Technical Reference Documents.

6.2 Agreement to Accept Appropriate Referrals

Certified Respite Agencies will be expected to accept all appropriate referrals of children enrolled in Medicaid who are determined to be eligible for Respite by EOHHS and a CEDARR Family Center, and to provide services on a timely basis as defined in Section 5.8 of these Certification Standards.

Respite Agencies may decline to develop a Respite Service and Safety Plan with parents when they determine that:

- Respite is not an appropriate service for the child, due to health and safety concerns
- The family is not willing or capable of taking on the risks and responsibilities inherent in Respite Services

Documentation of the specific reasons for declining to provide a Respite Service and Safety Plan shall be maintained by the Respite Agency, provided to the CEDARR Family Center and forwarded to EOHHS. Consistent refusal of referrals will result in comprehensive review of the Respite Agency's certification status.

6.3 Family Direction, Client Rights and Ethical Standards of Practice

6.3.1 Family Centeredness and Consumer-Direction

Respite is a consumer-directed service. Respite Agencies must incorporate the key components and philosophy of consumer-directed and family centered care into their service program and operations. Applicants must demonstrate the manner in which their services are conducted in a consumer-directed fashion.

The Respite Agency must demonstrate how it assures that families are given opportunities to voice concerns and provide input to the Respite Agency's activities and roles.

6.3.2 Family Rights and Responsibilities

A clear understanding of the respective roles of both the Respite Agency and the family serves to protect family rights and responsibilities. Within Respite, demonstration of compliance is required related to three areas of family rights and responsibilities. These relate to:

- Rights of a consumer to general information regarding Respite and rights to grievances and appeals,
- Rights and responsibilities of children and families participating in consumer-directed Respite services, and
- Rights and responsibilities of notice regarding termination of services.

Informational materials shall be developed for families outlining Respite services, the process of developing a Respite Service and Safety Plan and the respective roles and responsibilities of the Respite Agency, the family, and the Respite Worker. The Respite agency shall also establish a family friendly, non-threatening, well-defined communication process for families to ask questions and express concerns. Similarly, the Respite agency shall demonstrate that it has a family friendly grievance and appeals process to resolve problems. Related policies and materials are to be provided to families at the outset of involvement and annually thereafter. The family's role in resolution should be clearly set forth. Such materials shall advise the family of grievance and appeal procedures within the Respite Agency and the EOHHS.

6.3.3 Right to Terminate Respite Services

A parent or guardian has the right to terminate Respite at any time during an authorized course of service. Respite services may be terminated by independent action of the Respite Agency only under unusual circumstances. Such circumstances may include identified risks to the health and safety of the child or the Respite Worker or a documented pattern of the family's inability to perform responsibilities as set forth in the Respite Service and Safety Plan. Written materials shall be developed identifying such unusual circumstances and provided to the family prior to the initiation of Respite services.

A Respite Agency that is considering termination shall make all reasonable efforts to minimize this possibility. Such reasonable actions shall include:

- Efforts should be made to support the family in finding a new Respite Worker if the current worker has left or is otherwise unsatisfactory;
- The Respite Agency shall communicate with the family and the CEDARR Family Center the reasons for requested termination of a Respite Service and Safety Plan.

The Respite Agency must have written policies to facilitate an orderly transition of care, and/or follow-up or referral for services. These policies shall include:

- Written notification of intent to terminate shall be sent to the child's family, EOHHS and the CEDARR Family Center a minimum of thirty (30) days prior to discontinuing Respite services when possible. During this period opportunities to correct precipitating problems must be provided.

- Reasons for discontinuing must be stated.
- Alternative resources and/or referrals should be recommended and forwarded to the CEDARR Family Center.

6.3.4 Ethical Standards and Professional Conduct

Clearly articulated Principles of Ethical Care and Professional Conduct must be publicly posted. Protocols will identify standards of ethical practice for all Respite Agency staff. The following policies and procedures must be developed:

- Grievance policies and procedures;
- Discipline Policies

6.4 Coordination and Communication with CEDARR Family Centers

The CEDARR Family Center works with the child and family to assess current circumstances and continuing needs. Upon completion of an Initial Family Assessment (IFA) and clinical specialty evaluations, if indicated, a CEDARR Family Care Plan (FCP) is developed. For children who are enrolled in one of the EOHHS Respite for Children Waivers, respite can be considered as a CEDARR Direct Service, when appropriate and requested by the family. In this case, the CEDARR Family Center will provide the family with information about certified Respite Agencies. The CEDARR Family Center will recommend an allocation of Respite hours to EOHHS. The CEDARR Family Center will send a referral to the Respite Agency chosen by the family. The Respite Agency will then contact the family to schedule an intake appointment within two (2) weeks.

The Respite Agency has the obligation to maintain communication with families and CEDARR Family Centers. The Respite Agency must comply and adhere to communication and coordination requirements with CEDARR Family Centers.

An applicant seeking certification must agree to ensure coordination and communication with all CEDARR Family Centers. The Respite Agency must have established protocols for communication with a CEDARR Family Center in the following areas:

- 1) Accepting referrals and information;
- 2) Providing Respite Service and Safety Plan proposals and renewals to the CEDARR Family Center for its authorization within two weeks of the initial intake appointment;
- 3) Informing the CEDARR Family Center in writing of changes in the child's needs and/or ability of the family to receive Respite services.

Please see Appendix VI for further information on CEDARR Family Centers' Roles and Responsibilities.

6.4.1 CEDARR - Respite Agency Dispute Resolution Process

The CEDARR Family Center and the Respite Agency shall have established procedures to identify and resolve differences, and to demonstrate how families will be informed. In the event of disagreement regarding the appropriateness of this service for this child and family or regarding the elements of the Respite Service and Safety Plan, (e.g., focus of services, degree of full involvement of parents, or intensity of service) it is anticipated that the Respite Agency and CEDARR Family Center can reach prompt resolution in most cases through joint review and discussion. The applicant will have an internal grievance and appeals process described in their application.

6.4.2 EOHHS Fair Hearing Process/Appeal Rights

If a child's parents or guardian object to the decision of the CEDARR Family Center and/or the Respite agency regarding the approval or provision of the Respite Service and Safety Plan, they can request a hearing through EOHHS. This is an Administrative Fair Hearing that allows for testimony to be presented from all concerned parties. In turn, the Hearing Officer renders a written decision. Upon completion of this process, the approval necessary for claims to pay may be adjusted based on the hearing decision.

See Appendix VII for further Appeals information.

6.5 Strength of Program Approach: Process of Care and Management of Respite Services

The applicant/agency must demonstrate that it brings a combination of experience, skills, and support of family centered, consumer-directed philosophy to be certified as a Respite Agency.

The Respite Agency will use written standards of care to describe the processes by which Respite services are delivered. There must be evidence of Respite Agency plans for initial and on-going active participation and consumer direction by the family.

In describing its program, the applicant will specifically address the Process of Consumer-Directed Care and Management of Respite Services.

6.5.1 Process of Consumer-Directed Respite Care

Process of care refers to the policy, procedures and practices that guide the delivery of services. The applicant will demonstrate that the consumer-directed process is systematically organized and grounded in sound principles.

6.5.1.1 Screening and Intake for Respite Services

Applications for certification must include written policies, procedures and documents addressing intake protocols for:

- 1) Managing referrals
- 2) Providing general information regarding Respite to ensure understanding of the services and family roles and responsibilities
- 3) Compliance with all State and Federal laws regarding the Health Insurance Portability Accountability Act (HIPAA)
- 4) Maintaining confidentiality of all Medical Assistance beneficiaries' records and information

6.5.2 Management of Respite Services

Management of care specifically pertains to the way in which the Respite Agency organizes the provision of Respite. The applicant must demonstrate a sound organizational approach to ensure the provision of effective, timely and high quality services. This is partly represented in the staffing strategy employed to organize and oversee the work. A defined chart of the organization must be provided, with focus on the Respite services and demonstrating the relationship to the organization as a whole. The organizational chart must include both the job titles and the specific individuals who fill identified positions.

Certified Respite Agencies may be required to participate in periodic Quality Assurance/Quality Improvements meetings in conjunction with the Respite Care Committee.

6.5.3 Respite Service and Safety Plan Development and Renewal Procedures

The Respite Service and Safety Plan forms the foundation for Respite. It must clearly establish the roles and responsibilities for all parties. Applicants must agree to use the Respite Service and Safety Plan template in Appendix V.

6.5.4 Timeliness Standards for Renewing Respite Service and Safety Plans

This performance standard requires that the Respite Agency submit to the CEDARR Family Center 95% of Respite Service and Safety Plans requiring re-approval at least two (2) weeks prior to expiration of an existing approved plan.

6.5.5 Timeliness Standards for Respite Safety and Service Plan Review Process

The CEDARR Family Center will contact the Respite Agency within one (1) week of receiving a Respite Service and Safety Plan if clarification and/or modifications are required.

6.6 Roles and Scope of Practice

The work of the Certified Respite Agency staff must be systematically organized with clear delineation of the staff roles and reporting relationships. If the agency is a multi-service organization, an applicant must illustrate how Respite fits into the organization as a whole. Detailed job descriptions must be provided for Agency Coordinators. Protocols must include clear delineation of the role of each staff position and scope of practice, including such areas as:

1. Scope of practice
2. Staff evaluation protocols
3. Coordination and communication with family
4. Coordination and communication with CEDARR Family Center

Job descriptions must address the following areas:

1. Reporting relationships
2. Functional tasks and responsibilities
3. Required skills, training, and experience

6.6.1 Staffing and Staff Qualifications

The Respite Agency shall demonstrate that it meets the specific staffing requirements for Respite Program Coordinators. The applicant must give written assurances that these standards will be provided and maintained as a requirement for receiving and maintaining certification. Staffing requirements for Respite are outlined below:

With respect to ensuring staff competency, the Respite Agency shall have policies and procedures in place for all employees consistent with EOHHS certification. This requires that:

- 1) Educational backgrounds align with position qualifications
- 2) Appropriate training and/or orientation sessions are completed
- 3) Recent employment experience is relevant for target population

Additionally, the following requirements must be met for Respite employees:

6.6.2 Respite Program Coordinator

- 1) Demonstrated competency to work with families of Children with Special Health Care Needs; and
- 2) Have a Bachelor's or Associate's degree in human services or related field; or three to five years of appropriate and related experience.
- 3) Minimum one-year experience working with a similar population.

6.6.3 Respite Worker

- 1) Ability to carry out specific tasks outlined in the Respite Safety and Service Plan; and
- 2) At least 18 years of age; and
- 3) No legal obligation to support the child or live in the same household as child.
- 4) Satisfactory BCI and CANTS checks and driver's license and driving record checks, and other applicable state or federal requirements for individuals working with children

6.6.4 Agency Orientation and Training

All staff, including Respite Workers, shall be provided with a general orientation to the Respite Agency with respect to its mission, policies and procedures, administrative structure, training, family centered care, consumer-directed care and rights and responsibilities of all parties. Staff members are required to participate in these activities, as specified by the individual's position and job description and adhere to procedures outlined in Section 6.5.

Personnel files shall contain documentation of completed agency orientation programs. Respite Agencies must provide and/or arrange for all newly hired staff to receive this general training.

6.6.5 Preparation of Staff

The Respite Agency must instruct the parents/guardian in the paperwork required for participation in the Respite Program. In turn, it is primarily the family's responsibility to prepare and instruct the Respite Worker in child-specific tasks outlined in the Respite Service and Safety Plan and subsequently determine the readiness of the Respite Worker for respite care. However, EOHHS recommends that basic training for all Respite Workers provided and/or arranged for by the Respite Agency, shall include, but not be limited to the following:

- A valid certification in First Aid for children and young adults including management of airway
- Client rights
- Ethics and confidentiality

In addition, the Respite Agency is required to provide trainings for child abuse and neglect to all new Respite Workers:

- DCYF required reporting procedures and documentation requirements
- Payroll requirements and tax documentation

Agency and child specific training for Respite Workers must be completed prior to initiation of Respite Services. Training is completed when the family certifies their comfort with the skills of the Respite Worker by signing off on a worker readiness certificate provided by the Respite Agency. At this point, respite to the family can begin.

6.7 Timeliness of Service, Other Access Standards

Fully certified Respite Agencies will be in compliance with the Certification Standards and meet performance standards for the timeliness of services provided as described previously in these standards.

6.7.1 Hours of Service

Respite Agencies must be available to families throughout a period of authorized services. The applicant shall define its hours of operation, which may include day, evening, and weekend coverage. Families must be informed of hours of operation that staff are available to the families for assistance as well as the web-based information available for families to access Respite Services. It is required that the Respite Agency provide care on a year round basis.

6.8 Service Monitoring and Reporting

The Respite Service Agency must describe the plan to perform evaluations of Respite Workers as part of their Respite Safety and Service Plan with families. They must also comply with EOHHS-required reporting service monitoring and reporting requirements.

6.8.1 Annual Reports

Respite Agencies will be required to provide reports on annual basis. Annual reports are to be submitted sixty (60) days after the close of the state fiscal year, July 1 – June 30. The first annual report is due sixty days after the close of the fiscal year in which EOHHS certifies the Respite Agency.

- Summary report on all complaints received (format TBD)
- Summary of family satisfaction survey results (format TBD)
- Timeliness Standards for New Referrals (format TBD)
- Timeliness Standards for Intake Appointments (format TBD)

EOHHS may also request additional reports, documentation, and site visits, as necessary to monitor compliance with these Certification Standards.

7.0 MANAGEMENT STANDARDS

Note: Agencies currently certified by EOHHS to provide HBTS, PASS or KIDS CONNECT will be considered by EOHHS to be in compliance with Section 7.0.

A certified Respite Agency must be able to demonstrate compliance with core State requirements as to organizational structure and process. These requirements pertain to areas such as incorporation, management of administrative and financial systems, human resource management, information management, quality assurance/performance measures and others. State requirements in these areas are consistent with the types of expectations or standards which would be set forth and surveyed by health care accrediting bodies and which are generally held to be critical to effective, consistent, high quality organizational performance and care provision.

Applicants for certification are not required to systematically address in detail each of these areas in their certification applications. Rather, these are set forth as fundamental requirements for certified entities. In many areas applicants will be asked to provide assurances that their agency systematically addresses each of the standards identified. In certain areas, more specific description regarding the manner in which the agency meets the standard is required. The Application Guide provides guidance as to how the application should be structured and the areas which need to be addressed.

In not requiring applicants to explicitly address the elements in Section 7, the State is seeking to simplify the effort needed to develop an application; these certification requirements remain in place. The State reserves the right to review certified entities for compliance with these certification requirements.

7.1 Incorporation and Accountable Entity

The applicant for certification as a Respite Agency must be legally incorporated. The certified entity shall serve as the liable entity responsible for meeting all of the terms and conditions for providing Respite. Applicants must clearly present the overall structure by which services, requirements and programmatic goals will be met. The corporate structure of the entity must be clearly delineated.

7.1.1 Partnership or Collaboration

Satisfactory performance as a certified Respite Agency calls for significant organizational capacity. In some cases this capacity may be present within a single organization and application for certification will be made based on the strengths of that single organization. In other cases the application may represent the joint effort of several parties, which have the combined capabilities to meet the certification requirements. This could come, for example, through a joint venture, a formal partnership or an integrated series of executed contractual arrangements. Regardless of form, a single legal entity will be certified with overall responsibility for performance.

The certified Respite Agency is to be the single billing agent for all Respite activities.

7.2 Governance and Mission

The governance of the entity must be clearly delineated. Composition of the Board of Directors and any conditions for membership must be clear. The overall performance of an organization flows from the philosophy and oversight of the leadership. Leadership and stakeholders “build” the mission, vision and goals; this in turn shapes the business behavior and is reflected in the tone that leadership sets for the operation of the organization. The leadership strives to recruit members who reflect the cultures and ethnic backgrounds of clients, and to provide a mix of competencies that address organizational needs. Specific standards regarding governance and mission are as follows:

- 1) The agency has a clearly stated mission and publicly stated values and goals.
- 2) The agency is operated/overseen by some type of legally or officially established governing body, with a set of governing documents or by laws. This governing body has full authority and responsibility for the operation of the organization.
- 3) The governing body is self-perpetuating and has a recruitment and periodic replacement process for members to assure continuity and accountability.
- 4) The governing body hires, supervises, and collaborates with a chief executive officer or director. Together the executive and governing bodies provide organizational leadership.
- 5) The governing body has final accountability for all programs. Through a collaborative relationship with the executive and the management team, the governing body is responsible for developing the program goals and mission and ensuring compliance with legal and regulatory requirements.

7.3 Well Integrated and Organized Management and Operating Structure

The Respite Agency will be able to function in an efficient and effective manner, assuring consistency and quality in performance and responsiveness to the needs of families. The applicant shall provide clear identification of who is accountable for the performance of Respite. This includes administration, program quality, and management of service delivery and overall financial management.

7.3.1 Administration

Specific standards regarding administration are as follows:

- 1) The Executive, under supervision of the governing body, is responsible for financial management, achieving program outcomes, meeting client needs, and implementing the governing body's strategic goals.
- 2) A current chart of organization, which clearly defines lines of authority within the organization, must be maintained and provided as part of the certification application.
- 3) The management of the organization is involved in the planning process for performance improvement and is involved in planning for priorities and setting goals and objectives for the written Quality Assurance/Performance Improvement plan.
- 4) There is a written corporate compliance plan in place that is adopted by the governing body.

7.3.2 Financial Systems

The organization must have strong fiscal management that makes it possible to provide the highest level of service to clients. Fiscal management is conducted in a way that supports the organization's mission, values, goals and objectives in accordance with responsible business practices and regulatory requirements. Financial management requires a set of sophisticated financial planning and management capabilities if the organization is to remain viable. The organization must be able to obtain relevant data, process and report on it in meaningful ways, and analyze and draw meaningful conclusions from it. Managers must use financial data to design budgets that match the constraints of the organization's resources, and provide ongoing information to aid the governing body in managing and improving services. Therefore, the financial managers must have the ability to integrate data from all of the client and financial accounting systems (e.g., general ledger, billing and appointment scheduling). Data must also be utilized to make projections for planning and budgeting purposes.

Specific standards regarding financial systems are as follows:

- 1) Financial Management is provided by a Chief Financial Officer, Fiscal Director, or Manager with demonstrated experience and expertise in managing the finances of a human services organization with third party reimbursement. In larger organizations (e.g. with revenues in excess of \$1 million) this might be an MBA with demonstrated finance experience or a CPA; in smaller organizations a comptroller with a degree or experience in accounting might be sufficient. This individual must possess expertise in financial and client/patient accounting, financial planning and management.
- 2) The organization's financial practices are consistent with the most up to date accounting methods and comply with all regulatory requirements.
- 3) The organization's financial planning process includes annual budgeting, revenue projections, regular utilization and revenue/expense reports, billing audits, annual financial audits by an independent CPA, and planning to ensure financial solvency.
- 4) The organization has written policies and procedures that guide the financial management activities (including written policies for and procedures for expenditures, billing, cash control; general ledger, billing system; registration/intake system; payroll system; accounts payable; charge and encounter reporting system and accounting administration).
- 5) The organization has evidence of internal fiscal control activities, including, but not limited to cash-flow analysis, review of billing and coding activities.
- 6) The system must track utilization of service units separately for each individual client and aggregate this information by payer, performing provider and diagnosis/problem.
- 7) The organization has a billing office/function that bills for services rendered and collects fees for service and reimbursement.
- 8) The organization assesses potential and actual risks, identifies exposures, and responds to these with preventive measures.
- 9) The organization carries appropriate general liability insurance, and ensures that appropriate professional liability policies are maintained for program personnel.
- 10) Where the organization contracts with outside entities and/or providers, policies and procedures mandate contract language to detail the entity's or provider's accountability to the Governing Body and its' By-laws.
- 11) The organization has systems that facilitate timely and accurate billing of fee-for-service, capitated, and case-rated insurance plans, clients and other funding sources. Once bills are forwarded to payers, the system properly manages payments, follow-up billing, collection efforts and write-offs.

- 12) The organization has a written credit and collections manual with policies and procedures that describes the rules governing client and third-party billing. Specifically, the organization has in place and adheres to policies and procedures ensuring compliance with Medicaid regulations pertaining to coordination of benefits and third party liability. Medicaid by statute and regulation is secondary payer to all other insurance coverage.
- 13) Clinical, billing and reception/intake staff receives ongoing training and updates regarding new and changed billing and collection rules and regulations.

7.4 Human Resources, Staffing

Human Resource activities within the organization are conducted to ensure that proper staffing for optimum service delivery to clients occurs through hiring, training, and oversight of staff activities. The activities are organized to serve the governing principles of the organization and compliance with these Certification Standards. The organization provides clear information to staff about job requirements and performance expectations, and supports continuing education, both internal and external, that is relevant to the job requirements of the individual. In addition, all staff receive training about major new organizational initiatives and about key issues that may affect the organization overall.

Specific standards regarding Human Resources and Staffing are as follows:

- 1) The organization's personnel practices contribute to the effective performance of staff by hiring sufficient and qualified individuals who are culturally and linguistically competent to perform clearly defined jobs.
- 2) Staff personnel records are kept that contain a checklist tickler system to track appropriate training, credentialing and other activities. A copy of each staff's active license will be kept on file.
- 3) The Respite Agency must perform annual written performance appraisals of Respite workers based on input from families and Respite Agency staff. These must be available in the personnel files for review by EOHHS upon request.
- 4) Policies and procedures contain staff requirements for cultural competency that are reflected in the job descriptions.
- 5) Staff is hired that match the requirements set forth in both the appropriate job description and in the policies and procedures.
- 6) Each staff's record contains a job title and description reflecting approved education, experience and other requirements, caseload expectations, supervisory and reporting relationships, and annual continuing education and training requirements. Supervisory job descriptions establish expectations for both

- contributing to the organization's goal attainment and for communicating the goals and values of the organization. All job descriptions include standards of expected performance.
- 7) The organization provides a clear supervisory structure that includes plainly delineated spans of control and caseloads as appropriate. The roles of team members are defined with a clear scope of practice for each. Supervisors receive specialized training and coaching to develop their capacities to function as managers and experts in their clinical and/or technical fields. The organization holds supervisors accountable for communicating organizational goals, as well as for clinical and technical supervision. This includes:
 - a) Protocols for communication and coordination with all interested parties (e.g., special education, primary care physician, or other specialists).
 - b) Clear procedures for addressing unmet education or licensure requirements will be stated. Credentialing records will be maintained annually to document compliance.
 - 8) Credentials of staff established by the management team and approved by the Governing Body are contained in the job descriptions. An individual hired into a position has his or her credentials verified through primary source verification, as appropriate, and records maintained in the staff's record.
 - 9) A record of primary source verification is maintained in the individual staff record. This includes, at a minimum, verification of licensure, review of insurance coverage/ liability claims history, verification of board certification for physicians, verification of education and training required by law, and professional references and performance evaluations about applicant's ability to perform requested duties. The individual staff record for behavioral health practitioners should also contain a signed statement from the practitioner that addresses if any Medicare or Medicaid sanctions have been imposed in the most recent three-year period.
 - 10) Staff has appropriate credentials and meets qualifying standards of the organization. These are updated and checked regularly.
 - 11) The organization provides training and training opportunities for all levels of staff.
 - 12) Staff is required to participate in training activities on an ongoing basis, as specified by the organization and position and job descriptions.

7.5 Quality Assurance/Performance Improvement

The organization is required to have policies and procedures and demonstrable activities for quality review and improvement (e.g. formal Quality Assurance or Performance Improvement plan). The organization ensures that information is collected and used to improve the overall quality of service and performance of the program. The Quality Assurance/Performance Improvement (QA/PI) program that the organization develops strives to: improve the systems related to the delivery of service to the clients; include the preferences of clients in the provision of services; and measure the process and outcomes of the program services. The QA/PI program is an ongoing process of planning, monitoring, evaluating, and improving the system in order to improve the outcomes of service provided to clients.

Standards regarding Quality Assurance/Performance Improvement are as follows:

- 1) The organization has a Quality Assurance/Performance Improvement (QA/PI) program that includes a written performance improvement plan with annual review of goals and objectives, data analysis, outcomes management, records review and operational/systems improvement. Written records are maintained for PI program activities.
- 2) The QA/PI program contains specific timetables for activities and measurable goals and objectives, which consider client concerns and input.
- 3) Effective data analysis is conducted that includes an assessment of client or organizational needs, identification of service gaps, and integration of that data into organizational decision-making processes.

7.6 Information Management, Record Keeping

The organization must use data to affect the performance, stability, and quality of the services it provides to clients; in its governance; and other systems and processes.

Standards regarding information management, medical and billing record keeping are as follows:

- 1) The organization obtains, manages, and uses information to enhance and improve its performance. Information it maintains is timely, accurate, and easily accessible, whether maintained in electronic or other format. Evidence exists that information gathered and maintained is used in decision-making for the organization.
- 2) The organization maintains a written plan for information management which includes: client record-keeping policies and procedures; confidentiality policies and procedures; and record security policies and procedures. The plan provides for the timely and accurate collection of data and sets forth a reporting schedule.

- 3) The organization shall ensure that its information management systems are protected from unauthorized outside access and shall meet all applicable HIPAA regulatory requirements.
- 4) The information management plan specifies standard forms and types of data collected for client intake, admission, assessment, referral, services, and discharge.
- 5) The information management plan has an incident reporting and client grievance-reporting component.
- 6) Information management processes are planned and designed to meet the organization's internal and external reporting and tracking needs, and are appropriate to its size and complexity. Mechanisms exist to share and disseminate information both internally and externally.
 - a) The organization maintains signed releases for sharing of information.
 - b) Where necessary, signed affiliation agreements exist.
 - c) Reports are available on an appropriate schedule (weekly, bi-weekly, monthly, quarterly, etc.) for use by service providers, case managers, supervisors, managers, CEO, and the Governing Body for assessing client and organizational progress.
 - d) Reports to authorities (state, federal, and other funding and regulatory entities) for review are submitted accurately, in the required formats and on a timely basis.
- 7) The organization has written policies and procedures regarding confidentiality, security, and integrity of information, and has mechanisms to safeguard records and information against loss, destruction and unauthorized access or disclosure.
 - a) The organization has policies and procedures in place to safeguard administrative records, clinical records, and electronic records.
 - b) Electronic records are backed up, transmitted data is encrypted and secure, and access is password protected.
 - c) The Respite Agency shall have a procedure to have all Respite Workers sign an acknowledgement of confidentiality of EOHHS records. (See Appendix VIII for information on confidentiality.)
- 8) Client information is accessible and is maintained in a consistent and timely manner, with enough information to support the consumer's needs or diagnosis,

to justify services delivered, and to document a course of treatment and service outcomes.

- a) Every client will have a record that may contain: an initial assessment of client strengths and needs, goals or activities as part of the Respite Service and Safety Plan, documentation of care/services provided, documentation of change in client's status, and where necessary, discharge summary.
 - b) All records must include evidence of informed consent, where required.
- 9) The client record documents services provided and results from the interventions. All entries into the client records are dated and authenticated, and follow established policies and procedures.
- a) Changes in client's condition or lack of change following service provision are recorded in the client record at the time of service provision and signed by the family and Respite Worker.
 - b) Achievement of a client objective or milestone toward an objective is noted in the client record. Achievement of an objective or milestone results in a revised assessment.
 - c) Lack of progress in achieving a client objective or milestone toward objective results in a reassessment of the client.
- 10) The client record will be the basis for billing. All service billings must be substantiated in the client record.

7.7 Health and Safety, Risk Management

The organization supports an environment that promotes optimal safety and reduces unnecessary risk for clients, family members and staff. The consumer-directed and family centered nature of Respite calls for specific policies and procedures to assure that services are provided in a safe and effective manner for both the child and the staff.

Standards regarding Health, Safety, and Risk Management are as follows:

- 1) The organization's policies and procedures designate managers who monitor implementation of Health and Safety policies and report to the Quality Assurance Performance Improvement Program Committee and the Governing Body.
- 2) The organization will have protocols for identification and monitoring of safety risks, family crises, medical emergencies and difficult situations.
- 3) Health and safety policies and procedures are clearly communicated to agency staff, visitors, and clients.

- 4) Programs will have an effective incident review process.
- 5) OSHA guidelines
- 6) All Federal and State mandates

APPENDICES

- I. List of CEDARR Family Centers**
- II. Level of Care Criteria for Respite for Children Waivers**
- III. Respite Agency Responsibility for Monitoring Medicaid Eligibility**
- IV. Roles and Responsibilities of Respite Agency, Family and Respite Worker**
- V. Respite Service and Safety Plan Template**
- VI. CEDARR Family Center Roles and Responsibilities**
- VII. EOHHS Fair Hearing and Appeals Information**
- VIII. Acknowledgement & Confidentiality**

APPENDIX I
LIST OF CEDARR FAMILY CENTERS

CEDARR Family Centers

For Children and Youth with Special Health Care
Needs and their Families



What are CEDARR Family Centers?

A CEDARR Family Center is a place where you can go to get help and support for your child. CEDARRs can help you:

learn more about your child's disability and understand what it means, learn how to address your child's needs now and plan for the future, find resources in your own community, get information and access to a comprehensive range of services and treatment options, and connect with other families who have had similar experiences.

CEDARR Family Center services are available statewide. Families can choose a location that is best for them. Some services are available at the child's home or in the community.

About Families CEDARR Center

203 Concord Street, Suite 335
Pawtucket, RI 02860
Tel. (401) 365-6855
Fax. (401) 365-6860

1 Cumberland Street, 4th Floor
Woonsocket, RI 02895
Tel. (401) 671-6533
Fax. (401) 671-6532

1 Frank Coelho Drive
Portsmouth, RI 02871
Tel. (401) 683-3570
www.aboutfamilies.org

Empowered Families CEDARR Center

82 Pond Street
Pawtucket, RI 02860
Tel. (401) 365-6103,
(888) 881-6380
Fax. (401) 365-6123

19 Valley Rd.
Middletown, RI 02842
Tel. (401) 365-6103
or (888) 881-6380

www.empowerfamilies.org

Families First CEDARR Center

Hasbro Children's Hospital,
George 1 Building
593 Eddy Street
Tel. (401) 444-7703
Fax. (401) 444-6115

Solutions CEDARR

134 Thurbers Avenue, Suite 102
Providence, RI 02905
Tel. (401) 461-4351,
(800) 640-7283
Fax. (401) 461-4953

Lafayette Mills
610 Ten Rod Road, Unit 13
North Kingstown, RI 02852
Tel. (401) 294-6138
Fax. (401) 277-3373

www.solutionscedarr.org



CEDARR is a collaborative initiative of the RI Children's Cabinet and the following state agencies:
Departments of Health; Children, Youth and Families; Education; Mental Health, Retardation and Hospitals; and Human Services.

Funded and administered by the RI Executive Office of Health and Human Services
Gary Alexander, Acting Director Donald A. Carcieri, Governor of RI
Website: www.EOHHS.ri.gov Tel. (401) 462-5300

*family-centered strength-based system of care dedicated to excellence reaching their full potential
thriving in their own community*

**APPENDIX II
LEVEL OF CARE CRITERIA
FOR RESPITE FOR CHILDREN WAIVER**

APPENDIX II
RESPITE FOR CHILDREN WAIVERS LEVEL OF CARE CRITERIA

**RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND
HUMAN SERVICES**

LEVEL OF CARE CRITERIA

FOR RESPITE FOR CHILDREN WAIVERS

Note: These criteria for the Respite for Children Waivers managed by The Rhode Island Executive Office of Health and Human Services are adopted from the Rhode Island EOHHS Level of Care Criteria developed for Medical Assistance Eligibility under the Katie Beckett Option, dated August 1, 2006.

Level of Care Criteria for Respite for Children Waivers

Summary of Institutional Level of Care

Facility-specific institutional level of care criteria are found in Attachments A-D. The following is a brief and general description of each type of facility for informational purposes.

Hospital (Attachment A)

Hospital level of care is appropriate for children who continuously require the type of care ordinarily provided in a hospital, and who, without these services, would require frequent hospitalizations. This level of care is highly skilled and provided by professionals in amounts not normally available in a skilled nursing facility but available in a hospital.

Psychiatric Hospital (Attachment B)

Psychiatric hospital level of care is appropriate when the intensity of the child's mental health needs are so severe that, without proper home and/or community interventions, the child would be at immediate risk for hospitalization.

ICF/MR (Attachment C)

ICF/MR level of care is appropriate for individuals who require the type of active treatment typically provided by a facility whose primary purpose is to furnish health and rehabilitative services to persons with mental retardation or related conditions including developmental disabilities.

Nursing Facility (Attachment D)

Nursing facility level of care is appropriate for children who do not require acute hospital care, but who, on a regular basis, require licensed nursing services, rehabilitation services, or other health-related services ordinarily provided in an institution. Nursing facility level of care is usually inappropriate for children with behavioral health needs, mental illness or mental retardation, unless the needs associated with these conditions are secondary to a more acute physical disorder.

Institutional Level of Care Determinations:

The SERT (Special Eligibility Review Team) reviews all necessary documentation to determine if a child meets an institutional level of care. The following information is reviewed:

- The Parent/Guardian Questionnaire
- Documentation from providers of care that address the child's condition, functioning and treatment needs

- Documentation of supportive services, if provided, such as special education, occupational therapy, physical therapy, and speech/language therapy

The SERT **may** also request additional information including:

- Medical Evaluations:

- Pediatrician Evaluation or Relevant Records
- Hospital Clinic Notes
- Hospital Discharge Summaries
- Neurological Evaluation
- Psychological Evaluation with IQ
- Psychiatric Evaluation including Global Level of Assessment (GAF) or Children's Global Level of Assessment (CGAF)
- Developmental Evaluation
- Physical Therapy Evaluation and Treatment Summary
- Occupational Therapy Evaluation and Treatment Summary
- Speech and Language Evaluation and Treatment Summary

- Other:

- Educational Evaluation
- Individual Educational Plan (IEP)
- Individual Family Service Plan (IFSP)
- Other Specialty Evaluations
- CEDARR Family Center Care Plan

LEVEL OF CARE CRITERIA: CONSIDERATIONS RELEVANT FOR ALL APPLICANTS

Information that specifically addresses the nature and extent of a child's condition(s) will be reviewed with respect to functional abilities and overall medical, developmental and/or behavioral health presentation. The needs of the family in caring for their child at home and in the community are considered when determining level of care. These criteria consider a broad range of factors including but not limited to: the severity of the child's condition; the intensity of the services required; and the extent to which various other medical issues mitigate or exacerbate the child's condition or service needs.

The following factors are evaluated in determining all institutional levels of care: specialized interventions; functional daily living skills; safety and safety awareness; health and nursing services; family impact; and other placement considerations. A child need not meet all factors to be eligible, but all factors, including how the child's special needs impact the family, will be

considered to gain a full understanding of the level of care required. Needs noted under any of these factors are relevant to eligibility for all applicant children.

Child Requires or is Receiving Specialized Interventions

This incorporates the child's need for a combination of special, multidisciplinary interventions (e.g., medical, educational, psychological, physical therapy, occupational therapy, speech/language therapy, nutrition, or other health-related services) and family supports or specialized services that are of extended duration, and are individually planned and coordinated. Interventions are directed towards:

- The acquisition of the behaviors necessary for the child to function with as much self-determination and independence as possible
- The prevention of deceleration, regression, or loss of optimal functional status. The child requires an individualized program of training, therapies, and services designed to assist the child to achieve, improve, or maintain the highest possible level of independence in daily living
- The provision of treatment, family support, and/or specialized assistance that continues throughout the child's daily routine (home, school, and community)
- The use of active treatment to support a child who has a degenerative and/or terminal condition

Functional Daily Living Skills

The purpose of this section is to understand a child's ability to function independently from a parent or caregiver while engaged in performing activities of daily living. Consideration is given to the child's age and the usual expected developmental level of functioning for his particular age group. The process of defining severity of functioning takes into account all documented information from parents, caregivers, teachers, professionals and others that have evaluated the child. In understanding the child's functional ability, no single piece of information will be taken in isolation (e.g., test scores) when determining severity of impairment. The degree of developmental delay, cognitive/communicative function, social function, personal function, and health function is reviewed.

In defining the severity of functional limitations, Federal regulations refer to "marked" as more than moderate but "less than extreme." A marked limitation may arise when several activities or functions are impaired, or even when only one is impaired, as long as the degree of limitation interferes with the ability to function independently, appropriately, effectively, and on a sustained basis at home, school, and in the community. "Extreme" limitation means a limitation that is "more than marked" or, in other words, very seriously interferes with day-to-day functioning.

A child is considered to have functional limitations when *extreme* in *one* or *marked* in *two* or *more* of the following major life activities:

- Self-care: the ability to complete daily activities enabling a child to meet basic life needs for food, hygiene and appearance
- Learning-Cognition: the ability to acquire new behaviors, perceptions, and information and to apply this knowledge to new situations
- Social: the ability to establish and maintain age appropriate social relations including play
- Language-Communication: the ability to receive and express language enabling the child to both understand and communicate ideas and information to others
- Mobility: the ability to use fine and gross motor skills, and to move from one place to another with or without mechanical aids
- Self-Direction: the ability to make decisions and take control over behavior, emotions, and personal life
- Safety: the ability of a child to be safe may reflect different concerns depending on the medical, developmental or psychiatric condition(s) of a child. A child's well-being is threatened when he or she is unaware of safe behavior and the potential consequences of acting in an unsafe manner. Safety concerns may also become evident for a child whose physical limitations and/or medical fragility require an intensity of care that, if not met, would be life threatening
- Health and Physical Well-Being: the ability of the child to experience optimal health and sustain health habits

A. Safety/Safety Awareness

Safety and Safety Awareness means that due to the child's developmental, behavioral, or medical condition(s), the child is at risk for harm to self or others. The child demonstrates a lack of consistent behavioral controls and age- appropriate decision-making or judgment. This also includes a child whose medical fragility requires an intensity of care to maintain life.

B. Health/Skilled Nursing Services

Skilled nursing services are provided to children living at home who have significant medical needs and require complex nursing treatments, personal care, specialized therapy, and medical equipment to enhance or sustain their lives. The child's daily routine is substantially altered by the need to complete these specialized, complex, and time consuming treatments. They may be

diagnosed with neuromuscular disease, cardiac or respiratory disease, cancer, metabolic disorders, or any number of medical conditions that threaten their ability to survive without proper supportive care. These children have chronic health care needs that require health and related services beyond those required by children generally.

C. Family Impact

The ability of the family to care for the child and meet their child's needs will be considered. The opportunity to share this information is provided in the Parent/Guardian Questionnaire.

Attachment A
Level of Care Criteria
Hospital

Hospital level of care is appropriate when a child requires an extensive array of health care services throughout the day, which may include:

- Daily skilled medical treatment that is more complex than nursing facility level of care due to an unstable medical condition
- Skilled observation multiple times during a 24-hour period due to health needs and the potential for status changes that could lead to rapid deterioration or life-threatening episodes
- Skilled assessment and intervention multiple times during a 24-hour period to maintain health and prevent deterioration that includes:

Medical monitoring, assessment, and intensive medication regimen for the child's medical condition

Recognition of changes in the child's condition that require prompt interventions to avert complications

Provision of hands-on comprehensive medical interventions and treatments

Modification of treatment plans throughout the day based on the child's condition

Attachment B

Level of Care Criteria

Psychiatric Hospital

Psychiatric hospital level of care is appropriate when the child's behavioral health condition causes significant disruption in the child's ability to function at home, school or in the community. The intensity of the child's behavioral health needs is so severe that, without proper interventions in the home and/or community, the child would be at immediate risk for hospitalization. This may relate to failed outpatient treatment or barriers to care that would otherwise have improved a child's functioning. A child is considered to have functional limitations when *extreme in one* or *marked in two or more* of the following:

- The child demonstrates a serious deterioration in the ability to safely and adequately care for himself (e.g., unable to initiate and maintain grooming, hygiene, toileting, or eating); or
- The child exhibits thought processes that are impaired (e.g, distorted perceptions, poor judgment, inability to distinguish reality, or poor communication) and interfere significantly with daily life; or
- The child displays severe and persistent dysregulated mood and/or severe disturbance of affect. Emotional control is disruptive and incapacitating such that emotional responses are inappropriate most of the time; or
- The child exhibits a serious and imminent risk of harm to self or others due to a psychiatric illness, as evidenced by:

Recent or history of suicidal ideation

Recent or history of suicide attempt

Recent or history of self-mutilation that is medically significant and dangerous

Recent or history of assaultive behaviors that can lead to serious injury to others

Recent or history of serious physically destructive acts

- The child demonstrates a chronic destructive pattern such as repeated unprovoked violence toward family members that severely limits his functioning in the family.

Attachment C
Level of Care Criteria
Intermediate Care Facility for Mentally Retarded (ICF/MR)

ICF/MR level of care is appropriate for individuals who require the type of active treatment typically provided by a facility whose primary purpose is to furnish health or rehabilitative services to persons with mental retardation or related conditions (42 Code of Federal Regulations §440.150).

42 Code of Federal Regulations §483.440 (a) and (b) defines active treatment as “aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and rehabilitative services that is directed toward: a) the acquisition of behaviors necessary for the child to function with as much self determination and independence as possible; and b) the prevention or slowing of regression or loss of current optimal functional status.” The need for these services must be on a continuous basis.

The degree of structure, supervision, training and/or supports necessary to ensure safety and promote attainment of objectives is equal to that which would be provided in an ICF/MR. For young children, consideration is given to the child’s age and the usual expected developmental level of functioning for his/her particular age group.

Prior to determining whether or not an individual meets ICF/MR level of care, they must meet criteria for developmental disabilities, mental retardation, and/or related conditions including autism spectrum disorders. EOHHS uses the following statutes to define developmental disabilities, mental retardation and related conditions.

Definition of Developmental Disabilities:

The term “developmental disabilities” means “severe and chronic delays” that are manifested before the individual attains the age of 22 years and are typically evident during infancy or early childhood. Developmental disabilities can be the result of a congenital or acquired condition.

- The *U.S. Code Definition of Developmental Disabilities* states that, “Children with a developmental disability or mental retardation experience substantial impairments of general intellectual functioning and adaptive behavior requiring continuous supervision, monitoring and redirection of behaviors to a greater degree than other children in the child’s particular age group. There is a need for continuous and active treatment for medical, behavioral or developmental needs including the capacity to successfully complete activities of daily living. Children with developmental disabilities demonstrate substantial functional limitations in three or more of the following major life activities: Self Care, Receptive and Expressive Language, Learning, Mobility, Self-Direction, Capacity for Independent Living, and Economic Self-Sufficiency.”

- 42 Code of Federal Regulations §1385.3. Developmental disability is defined as a “severe, chronic disability of a person 5 years of age or older, which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more areas of major life activity: 1) self-care; 2) receptive-expressive language; 3) learning; 4) mobility; 5) self-direction; 6) capacity for independent living; and 7) economic self-sufficiency; and reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.” *The Federal definition also states that developmental disability can also be applied to infants and young children from birth to age 5 “who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.”*

Definition of Mental Retardation:

Mental retardation is a particular state of functioning that begins in childhood and is characterized by limitations in both intelligence and adaptive skills.

- The American Association on Mental Retardation defines mental retardation as “a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18. A complete and accurate understanding of mental retardation involves realizing that mental retardation refers to a particular state of functioning that begins in childhood, has many dimensions, and is affected positively by individualized supports. As a model of functioning, it includes the contexts and environment within which the person functions and interacts and requires a multidimensional and ecological approach that reflects the interaction of the individual with the environment, and the outcomes of that interaction with regards to independence, relationships, societal contributions, participation in school and community, and personal well being (*American Association on Mental Retardation, 2002*).”
- 34 *Code of Federal Regulations* §300.7(c)(6). The Individual with Disabilities Education Act (IDEA) defines mental retardation as “. . . significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.”

Definition of Related Conditions:

42 Code of Federal Regulations §435.1009. Related conditions is defined “as a condition, other than mental illness, which is found to be closely related to mental retardation because it is likely to last indefinitely, requires similar treatment and services, constitutes an impairment of general intellectual functioning, and results in substantial limitations in three or more of the following: self-care, understanding and use of language, learning, mobility, self direction, and capacity for independent living.”

Attachment D
Level of Care Criteria
Nursing Facility

A nursing facility level of care is appropriate when the child requires complex skilled nursing care or comprehensive rehabilitative interventions throughout the day including the following:

- The child requires specialized professional training and monitoring beyond those ordinarily expected of parents
- The child requires skilled observation and assessment several times daily due to significant health needs
- The child has unstable health, functional limitations, complicating conditions, cognitive or behavioral conditions, or is medically fragile such that there is a need for active care management
- The child's impairment substantially interferes with the ability to engage in everyday activities and perform age appropriate activities of daily living at home and in the community, including but not limited to bathing, dressing, toileting, feeding, and walking/mobility
- The child's daily routine is substantially altered by the need to complete these specialized, complex and time consuming treatments and medical interventions or self-care activities
- The child needs complex care management and/or hands on care that substantially exceeds age appropriate assistance

The child needs restorative and rehabilitative or other special treatment

Appendix E

Redetermination Guidelines

At the time of the initial determination, both the severity of the child's condition and prognosis are reviewed. In each instance, the child's medical, physical, psychological, and developmental needs are assessed. At this time, the re-determination date is established. Typically, this is three years from the initial review. However, for some children, the periodicity of eligibility will be more or less than three years. The SERT uses the following criteria in these cases:

- A period of eligibility more than three years may be appropriate for a child with a long-term disabling condition(s) that is not expected to change within three years
- A period of eligibility less than three years may be appropriate for a child with an acute condition that is expected to improve or resolve within three years

For continued eligibility, the child must meet the level of care criteria as discussed in this document.

APPENDIX III

**RESPITE AGENCY RESPONSIBILITY FOR
MONITORING MEDICAID ELIGIBILITY**

APPENDIX III
RESPIRE AGENCY RESPONSIBILITY FOR MONITORING
MEDICAID ELIGIBILITY

A recipient's eligibility to receive Medicaid can change at any time. It is the responsibility of the provider to verify eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. In all cases loss of Medicaid coverage results in nonpayment of claims.

*You are now able to verify client and claim information through the EOHHS web site at <https://www.EOHHS.ri.gov>. However, you must have first completed a Trading Partner Agreement to obtain an ID and a password to access your entity's healthcare information. If you have not completed a TPA please contact the EDS HIPAA Coordinator at 401.784.3817, or download a PDF copy from the EOHHS website and mail it to EDS, 171 Service Ave., Bldg. 1, Warwick, RI 02886.

APPENDIX IV

**ROLES AND RESPONSIBILITIES OF
RESPITE AGENCY, FAMILY AND
RESPITE WORKER**

APPENDIX IV
ROLES AND RESPONSIBILITIES OF
RESPITE AGENCY, FAMILY AND RESPITE WORKER

1. Respite Agency Activities:

- Maintain a directory, accessible on-line, of individuals willing to provide Respite;
- Conduct work force recruitment efforts to ensure a supply of Respite workers;
- Provide assistance to families with worker recruitment when needed;
- Hire and Assist Respite Worker with required personnel paperwork
- Conduct background checks (BCI and CANTS) and driver's license and driving records and process other paperwork in a timely fashion
- Provide or arrange training to Respite Workers on employee responsibilities: keeping time sheets, service notes, interpersonal communication, conflict resolution, employment law and reporting requirements;
- Pay worker based on submitted timesheets in timely fashion;
- Maintain personnel files;
- Ensure the continuity and quality of care and services through reporting and periodic evaluations as identified in the certification standards;
- Work with family in defining plan for use of Respite hours; create written agreement with family;
- Maintain and/or support appropriate policy and procedure manuals in accessible area for personnel;
- Assure proper reporting of hours on timesheets;
- Assure proper incidence reporting;
- Manage payroll activities; state and federal taxes, unemployment, worker's compensation;
- Provide family with records of authorized, utilized hours and payments to Respite Worker(s);
- Demonstrate an effective plan for detecting and reporting abuse, neglect or exploitation;
- Monitor Medicaid compliance for mis-management of funds and/or services;
- Maintain agency liability insurance;
- Maintain Worker's Compensation Coverage for Respite Workers;
- Offer technical assistance/guidance to families in the management of Respite Worker activities;
- Provide ongoing assistance in promoting and maintaining positive relationships between families and Respite Workers.
- Maintain positive relationships with CEDARR Family Centers through coordination and collaboration

2. Family Activities:

- Recruit Respite Worker of choice using resources provided by Respite Agency when needed;
- Provide training for child's disability, specific needs and orientation to home;
- Provide emergency contact information;
- Define and control scope of work in accordance with job description;
- Maintain a safe and stable working environment within the home;
- Follow proper reporting procedures (i.e. incidence reports, safety procedures);
- Collaborate and communicate with Respite Agency staff;
- Evaluate Respite Worker in accordance with written agreement;
- Manage budgeted service hours and sign timesheets for Direct Worker;
- Notify Respite Agency of changes in circumstances of the child or family;
- Direct complaints or satisfaction issues to Respite Worker first and then to Respite Agency in cases of non-resolution;
- Check worker's timesheets for accuracy and sign for submission to Respite Agency
- Provide ongoing supervision of Respite Worker
- Apprise Respite Agency Coordinator of any unmanageable or unacceptable difficulties experienced with Respite Worker;
- Inform Respite Agency Coordinator if Respite Worker resigns or gives notice of resignation
- Engage in timely re-recruitment efforts, should Respite Worker need to be replaced

3. Respite Worker

- Attend training sponsored by Respite Agency;
- Carry out direct services in accordance with job description ;
- Notify family supervisor(s) immediately in the event she/he is unable to provide direct services;
- Obtain approval from family supervisor(s) prior to any preplanned absence;
- Protect health and safety of self, child and family;
- Obtain specific permission for transportation of child outside of the home;
- Document hours worked and file appropriate tax documents;
- Refrain from tasks not delineated in job description (i.e. housekeeping, cooking for other household members);
- Assure proper incidence reporting;
- Participate and attest to completion of training on worker responsibilities;
- Cooperate and communicate with family members;
- Direct complaints or satisfaction issues first to family supervisor(s) and then to Respite Agency in cases of non-resolution;

APPENDIX V

RESPITE SERVICE AND SAFETY PLAN

TEMPLATE

**APPENDIX V
RESPITE SERVICE AND SAFETY PLAN
TEMPLATE**

Child's Name: _____ **DOB:** _____ **Child's Age:** _____ years old

Date of Plan: _____

Plan Start and End Dates: _____

When completing the Respite Service And Safety Plan, use your CEDARR Center Family Care Plan and Initial Family Assessment as a reference.

PART A: CHILD SPECIFIC ASSESSMENT

I. Choices:

Made by the child	Made by others

II. Preferred Activities: (What does the child like to do?)

What does the child like to do?	What does the child not like to do?

III. Communication: (Optional)

What works for the child?	What Doesn't Work for the child?

IV. Health (Update any new information from the Initial Family Assessment or progress report from the most recent CEDARR Family Care Plan).

PART B: HOUR OF SERVICE AND TIME FRAME

A total of _____ hours are requested for the time period from _____ to _____

PART C: HEALTH AND SAFETY ARRANGEMENTS

A home visit was conducted by _____ from _____ on _____
CEDARR Staff CEDARR Center Date

PART D: ROLES AND RESPONSIBILITIES IN DIRECT SERVICES

1. Respite Agency Activities:

- Maintain a directory, accessible on-line, of individuals willing to provide Respite;
- Conduct work force recruitment efforts to ensure a supply of Respite workers;
- Provide assistance to families with worker recruitment when needed;
- Hire and Assist Respite Worker with required personnel paperwork
- Conduct background checks (BCI) and CANTS) and process other paperwork in a timely fashion
- Provide or arrange training to Respite Workers on employee responsibilities: keeping time sheets, service notes, interpersonal communication, conflict resolution, employment law and reporting requirements;
- Pay worker based on submitted timesheets in timely fashion;
- Maintain personnel files;
- Ensure the continuity and quality of care and services through reporting and periodic evaluations as identified in the certification standards;
- Work with family in defining plan for use of Respite hours; create written agreement with family;
- Maintain and/or support appropriate policy and procedure manuals in accessible area for personnel;
- Assure proper reporting of hours on timesheets;
- Assure proper incidence reporting;
- Manage payroll activities; state and federal taxes, unemployment, worker's compensation;
- Provide family with records of authorized, utilized hours and payments to Respite Worker(s);
- Demonstrate an effective plan for detecting and reporting abuse, neglect or exploitation;
- Monitor Medicaid compliance for mis-management of funds and/or services;
- Maintain agency liability insurance;
- Maintain Worker's Compensation Coverage for Respite Workers;
- Offer technical assistance/guidance to families in the management of Respite Worker activities;
- Provide ongoing assistance in promoting and maintaining positive relationships between families and Respite Workers.

2. Family Activities:

- Recruit Respite Worker of choice using resources provided by Respite Agency when needed;
- Provide training for child's disability, specific needs and orientation to home;
- Provide emergency contact information;
- Define and control scope of work in accordance with job description;
- Maintain a safe and stable working environment within the home;
- Follow proper reporting procedures (i.e. incidence reports, safety procedures);
- Collaborate and communicate with Respite Agency staff;
- Evaluate Respite Worker in accordance with written agreement;
- Manage budgeted service hours and sign timesheets for Direct Worker;
- Notify Respite Agency of changes in circumstances of the child or family;
- Direct complaints or satisfaction issues to Respite Worker first and then to Respite Agency in cases of non-resolution;
- Check worker's timesheets for accuracy and sign for submission to Respite Agency
- Provide ongoing supervision of Respite Worker
- Apprise Respite Agency Coordinator of any unmanageable or unacceptable difficulties experienced with Respite Worker;
- Inform Respite Agency Coordinator if Respite Worker resigns or gives notice of resignation
- Engage in timely re-recruitment efforts, should Respite Worker need to be replaced

3. Respite Worker

- Attend training sponsored by Respite Agency;
- Carry out direct services in accordance with job description ;
- Notify family supervisor(s) immediately in the event she/he is unable to provide direct services;
- Inform family supervisor(s) prior to any preplanned absence;
- Protect health and safety of self, child and family;
- Obtain specific permission for transportation of child outside of the home;
- Document hours worked and file appropriate tax documents;
- Refrain from tasks not delineated in job description (i.e. housekeeping, cooking for other household members);
- Assure proper incidence reporting;
- Participate and attest to completion of training on worker responsibilities;
- Cooperate and communicate with family members;
- Direct complaints or satisfaction issues first to family supervisor(s) and then to Respite Agency in cases of non-resolution;
- Agree to maintain confidentiality for all EOHHS beneficiaries or clients in accordance with all State and Federal laws and sign the Acknowledgment of Confidentiality, included as an Appendix.

PART E: IMPLEMENTATION STEPS AND TIMEFRAMES

I. Personnel activities

1. RESPITE Worker(s) will complete all required personnel paperwork no later than one week after agency agrees to hire, including:
 - Criminal background check (BCI) CANTS
 - Driving Record check
 - W-4s and other tax documents
 - Employment eligibility verification
2. RESPITE Agency will process employee paperwork in a timely fashion

III. Training Plan

1. Once recruited and hired, RESPITE worker will participate in RESPITE Agency's required trainings (CPR, child development, etc.) and child specific training provided by the family.

PART F: SIGNED CONTRACTUAL AGREEMENT

The purpose of this agreement is to clearly state the responsibilities of the Family and RESPITE Agency to assure everyone understands these responsibilities.

Your responsibilities as a Family:

1. Verify family preparedness to effectively render consumer-directed Respite services.
2. Work with the Respite Agency to develop the Respite Service and Safety Plan.
3. Designate a person who will be the responsible party for the family in decision-making activities with the Respite Agency and in managing the day-to-day work of the Respite worker(s). The designated family supervisor(s) is/are _____.
4. Find, interview and select the Respite worker(s). Submit the employment forms package(s) for the Respite Worker(s) to the Respite Agency.
5. Train the Respite Worker(s) about their job duties and what is expected of them.
6. Develop an emergency back-up plan for coverage when your regular Respite Worker(s) is /are absent because of illness, transportation problems or needing time off.

7. Be certain that all hours worked by the Respite Worker(s) are within the number of hours approved in the Respite Service and Safety Plan.
8. Make sure that the Respite Worker(s)' time sheet(s) reaches the Respite Agency. You must complete the time sheet(s) weekly.
9. Review monthly budget reports of the hours worked and paid from the Respite Agency.
10. Evaluate the Respite Worker's performance in accordance with the Respite Service and Safety Plan.
11. Contact your Respite Agency Coordinator when you have questions.
12. Maintain a safe and stable working environment in your home.
13. Follow proper reporting procedures (i.e. incidence reports).

Your Respite Agency's Responsibilities to you:

1. Ascertain family preparedness to effectively render consumer-directed Respite services.
2. Provide you with training about the Respite program and modify the training to meet your needs. This includes information about consumer-directed services, Medicaid requirements, recruiting, selecting and managing Respite Workers.
3. Collaborate with you in the development of the Respite Service and Safety Plan.
4. Support you in the selection and management of Respite Workers. Conduct Background Criminal Investigation (BCI) and CANTS checks of Respite Workers.
5. Assure proper reporting of hours on timesheets & manage payroll for Respite Workers.
6. Talk with you about your satisfaction regarding the quality of services you are receiving and assure that the Respite Worker(s) activities are in accordance with the Respite Service and Safety Plan.
7. Be available to you to answer questions or provide technical assistance in resolving problems or conflicts.
8. Work with you to develop a corrective action plan if there are difficulties managing your Respite Worker(s).
9. Assure compliance with Federal and State employment laws. Monitor compliance with Medicaid Rules and Regulations.
10. Maintain a case record.

11. Assure proper reporting procedures, i.e. incidence reports.

What the Respite Agency will not do:

1. Interview, train or directly supervise your Respite Worker(s).
2. Fill out the employment forms package.
3. Find emergency back up direct service workers for you.
4. Approve additional hours beyond those authorized in the current Respite Service and Safety Plan.
5. Provide your feedback to the Respite Worker(s) regarding their job performance.

I understand, accept and agree to the responsibilities listed in this agreement and as delineated in the Service Plan

Family Supervisor(s) Signature

Date

Family Supervisor(s) Signature

Date

Respite Agency Coordinator Signature

Date

* Adapted from "Consumers/Consultant Agreement", Consumers Directed Care Research Project, Florida Agency for Health Care Administration, December 1999

**RESPITE WORKER JOB DESCRIPTION
AND CONTRACTUAL AGREEMENT**

Job Title: Respite Worker

Compensation: The Respite Agency agrees to pay the Respite worker \$_____ per hour.

The Respite Agency will withhold and send to federal and state governments all unemployment taxes, social security and federal withholdings. A summary of all payroll withholdings (W2 Form) for the previous calendar year will be sent to you by the Respite Agency by January 31st.

Job Duties of the Respite Worker (taken from Service Plan):

- 1.
- 2.
- 3.
- 4.

Responsibilities of the Respite Worker (Please initial):

I _____ agree to report to work on time.

I _____ agree to carry out assigned duties and responsibilities as explained to me by the Family Supervisor(s) and as written in this agreement and the Respite Service and Safety Plan.

I _____ agree not to do activities unless they are specified in the Respite Service and Safety Plan.

I _____ agree to accurately document my hours worked and to file appropriate tax documents.

I _____ agree to assure proper incident reporting.

I _____ agree to give feedback to the family designee.

I _____ agree to tell the designated family supervisor(s) two weeks in advance of when I need time off and to obtain written approval.

I _____ agree to call the designated family supervisor(s) as much ahead of time as possible if I am sick or unable to get to work on time due to other problems, e.g. car trouble, etc.

I _____ understand that I am expected to be reliable.

I _____ agree to give the family and the Respite Agency two weeks written notice if I decide to end my employment.

I have read and understand the job duties expected of me.

Signature of Respite Worker

DATE

Signature of Designated Family Supervisor(s) DATE

Signature of Respite Agency Coordinator

DATE

APPENDIX VI

**CEDARR FAMILY CENTER
ROLES AND RESPONSIBILITIES**

APPENDIX VI
CEDARR FAMILY CENTER ROLES AND RESPONSIBILITIES

Initial Referral to a CEDARR Family Center

Initial referral to a CEDARR Family Center of potential candidates for Respite may occur in one of several ways:

Family referral

Referral from a medical provider (e.g., primary care provider, other medical specialist, or mental health Clinical Consultant, etc.)

Referral from a RItE Care Health Plan

Community referral (e.g., community mental health center, school, EI, CASSP, DCYF, advocacy group)

CEDARR Family Center Initial Family Assessment (IFA) and Basic Services

The goal of the IFA is to develop a working profile of the family to develop an informed action plan to address needs and issues. This assessment includes:

- Assessment of urgency,
- Developmental and diagnostic history (including physical health, behavioral health and cognitive development)
- Analysis of current interactions with the care system (e.g., RItE Care, pediatrician, specialist, hospital, or other provider)
- Involvement with other programs (e.g., Early Intervention, CASSP, or school programs)
- Family strengths, needs and supports; knowledge of or linkage with advocacy groups or professional associations

Caregiver assessment for respite candidates

- Current insurance status and needs, as well as potential eligibility for various public programs and/or community supports.

CEDARR Family Center Care Plan

On the basis of the IFA, the Family Care Plan (FCP) will be developed in conjunction with the family. The Family Care Plan is a comprehensive plan designed to meet the child and family's needs for services and supports and may result in possible referrals and/or services. Such services and supports could include but are not limited to:

- Health Care Services provided through RIte Care or Commercial Insurance
 - Personal Assistance Services and Supports (PASS)
 - KIDS CONNECT (KC)
 - Home-Based Therapeutic Services (HBTS)
 - Private Duty Nursing (PDN)
 - Certified Nursing Assistant (CNA)
 - Community based supports (Peer family, religious, recreation, primary or specialty care)
- Respite

The Family Care Plan for an individual child may include a combination of these and/or other services.

APPENDIX VII

**EOHHS FAIR HEARING AND
APPEALS
INFORMATION**

APPENDIX VII
EOHHS FAIR HEARING AND APPEALS INFORMATION

APPEAL RIGHTS - READ CAREFULLY

You have a right to discuss any action further or to request an adjustment conference with the appropriate EOHHS Supervisor. **If you have questions regarding this notice, call the Agency representative at the telephone number listed on the first page of the notice.**

You have the right to request and receive a hearing if you disagree with the decision made regarding the level or length of services, in the approved Treatment Plan. You must request a hearing in writing within thirty (30) days of this notice.

If you request a hearing regarding your medical services within ten (10) days of this notice, you will continue to receive the current amount of Medical Assistance Services until a hearing decision is made.

The form to request a hearing is enclosed. If you request a hearing you may represent yourself or authorize another person, such as a relative or legal counsel to represent you. Free legal help may be available by calling Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

EXCEPTION: If this action implements a hearing decision, you may not have the right to another hearing on this action. See the hearing decision letter for your right for judicial review in accordance with Rhode Island law (42-35-1 et seq.).

TO REQUEST A HEARING

All requests must be in writing. To request a hearing, complete Section I., the 'Statement of Complaint' on the REQUEST FOR A HEARING form or else submit your complaint in writing. Briefly describe the Agency action you wish to appeal. You can fill out the form yourself, or with the help of the Agency representative if you need help in completing the form. The form is signed by the person to whom the notice is addressed or her/his representative.

Mail or bring the hearing request form to the Center for Child and Family Health, Department of Human Services Forand Building, 600 New London Avenue, Cranston, RI 02920. In order to receive a hearing, you must do so within the time periods specified on this page. You will be notified of the time and place of the hearing. At the same time, you will also receive a statement of the Agency's position, an explanation of the policy on which the decision was based, and additional information about the hearing process.

INFORMATION ABOUT HEARINGS FOR APPLICANTS AND RECIPIENTS OF FINANCIAL ASSISTANCE, FOOD STAMPS, MEDICAL ASSISTANCE AND SOCIAL SERVICES

The Executive Office of Health and Human Services (EOHHS) has a responsibility to provide financial assistance, food stamps, medical assistance, and social services to individuals and families for whom eligibility is determined under the provisions of the Social Security Act, the Rhode Island Public Assistance Act, the Food Stamp Act, the Rhode Island Medical Assistance Act and Title XCX Social Services.

The hearing process is intended to insure and protect your right to assistance and your right to have staff decisions reviewed when you are dissatisfied. You have asked for a hearing because of an agency decision with which you disagree. The following information is sent to help you prepare for your hearing and to inform you about what you may expect and what will be expected of you when it is held.

1. WHAT IS A HEARING?

A hearing is an opportunity provided by the Executive Office of Health and Human Services to applicants or recipients who are dissatisfied with a decision of the agency, or a delay in such a decision for a review before an impartial appeals officer to insure correct application of the law and agency administrative policies and standards.

2. WHO CONDUCTS A HEARING?

A hearing is conducted by an impartial appeals officer appointed by the Director of the Executive Office of Health and Human Services to review the issue(s) and give a binding decision in the name of the Executive Office of Health and Human Services,

3. WHO MAY ATTEND A HEARING?

A hearing is attended only by persons who are directly concerned with the issue(s) involved. Legal counsel may represent you if you chose and another witness or a relative or friend who can speak on your behalf. The staff member involved in the decision and/or that staff member's supervisor usually represents the Agency. Legal services are available to persons wishing to be represented by legal counsel through Rhode Island Legal Services (274-2652 or 1-800-662-0534).

If an individual chooses to have legal representation, e.g. be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

4. WHERE IS THE HEARING HELD?

The hearing may be held at a regional or district office or in an individual's home when circumstances require.

5. HOW CAN YOU LEARN ABOUT THE DEPARTMENT'S RULES AND REGULATIONS?

Section III of the attached form (EOHHS-121) shows the policy manual references, which are at issue in your hearing. You may review the Department's regulations at any local welfare office during regular business hours.

You may also review the Department's hearing decisions rendered on or after April 1987. They are available only at the EOHHS Central Administration Building, 600 New London Avenue, Cranston Rhode Island, between the hours of 9:00 a.m. and 11:00 a.m. and between the hours of 1 :00 p.m. and 3:00 p.m. Monday through Friday.

6. WHAT ARE YOUR RIGHTS RELATIVE TO THE HEARING?

You have a right to examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing, as well as during the hearing.

You may present your case in any way you wish without undue interference, by explaining the situation yourself or by having a friend, relative, or legal counsel speak for you, and you may bring witnesses and submit evidence as discussed above to support your case. You will have an opportunity to question or refute any testimony or evidence and to confront and cross-examine adverse witnesses.

7. HOW IS A HEARING CONDUCTED?

A hearing differs from a formal court procedure because you are not on trial and the appeals officer is not a judge in the courtroom sense. However, the appeals officer will swear in any person who testifies.

After you have presented your case, the staff member will explain the provisions in law or agency policy under which s/he acted. When both sides have been heard, there will be open discussion under the leadership and guidance of the appeals officer. The entire hearing is recorded on tape.

8. HOW WILL THE HEARING DECISION BE MADE?

The tape recording of the testimony of the persons who participated in the hearing, together with all papers and documents introduced at the hearing, will be the basis for the decision.

The appeals process is generally completed within 30 days of the receipt of your request, but will never exceed sixty (60) days for food stamps and ninety (90) days for all other programs unless you request a delay, in writing, to prepare your case.

The appeals officer will inform you of her/his findings, in writing, following the hearing. If you are still dissatisfied, you have a right to judicial review of your case. The agency staff member wants to be as helpful as possible in assisting you to prepare for the hearing. If you have any questions about what you may expect, or what may be expected of you, be assured that you may call your eligibility technician or worker.

APPENDIX VIII

ACKNOWLEDGEMENT & CONFIDENTIALITY

**APPENDIX VIII
ACKNOWLEDGEMENT AND CONFIDENTIALITY**

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

EXECUTIVE OFFICE OF HEALTH AND HUMAN
SERVICES

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY

I have read Sections 40-6-12 the Rhode Island General Laws, of which is entitled "Records as to Assistance" (a copy of which is attached hereto). I am fully aware of the provisions of these statutes, including the provision by which a violation of this statute is a misdemeanor punishable by a fine of not more that two hundred dollars (\$200.00), or imprisonment for not more that six (6) months, or both.

I agree to comply with all of the provisions of RIGL 40-6-12. I am aware that all records pertaining to the administration of public assistance constitute confidential matter, and I am aware that it is unlawful for me to make use of or cause to be used any information in said records for purposes not directly connected with the administration of public assistance.

Furthermore, I am aware that general information not identified with any particular individual, such as total program expenditures, total numbers of recipients, and other statistical information and social data such as may be contained in studies, reports, or surveys does not fall within the class of material to be safeguarded as confidential.

Wherefore, I acknowledge the provisions of RIGL 40-6-12 and pledge to be bound by its provisions this day of , 20. _____

Signature

Printed Name

Witness

RHODE ISLAND GENERAL LAWS
TITLE 40. HUMAN SERVICES
CHAPTER 6. PUBLIC ASSISTANCE ACT

40-6-12. Records as to assistance

All records pertaining to the administration of public assistance pursuant to this chapter and chapter 8 of this title are hereby declared to constitute confidential matter. It shall be unlawful for any person to make use of, or cause to be used, any information contained in records for purposes not directly connected with the administration thereof, except with the consent of the individual concerned. The director of the department shall have the power to establish rules and regulations governing the custody, use, and preservation of the records, papers, files, and communications dealing with the administration of public assistance. The rules and regulations shall have the same force and effect as law. The records shall be produced in response to subpoena duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for the records, or for persons having custody or access to the records, unless the litigation involved in such matters is directly connected with the administration of public assistance. Any person who by law is entitled to a list of individuals receiving any of the assistance aforesaid, shall not publish or cause to be published the list except by the express consent of the director of the department, or to make use thereof for purposes not directly connected with the administration thereof. Any person violating any of the provisions of this section, or the lawful rules and regulations made hereunder, shall be deemed guilty of a misdemeanor, and shall be fined not more than two hundred dollars (\$200) or shall be imprisoned for not more than six (6) months, or both. Nothing in this section shall be deemed to prohibit the director of the department, or his or her agents duly authorized for that purpose, from issuing any statistical material or data, or publishing or causing the same to be published whenever he or she shall deem it to be in the public interest. The director of the department may inquire into the records of any state department or agency in the course of his or her administration of public assistance.