



Transforming Lives. Building Community Well-Being.

## B3 Respite

### Overview of B3 Services

The managed care waiver rules provide a way for the use of Medicaid funding to pay for alternative services, called B3 authority. This request and the specific services must be approved by CMS. These services are not available as Medicaid services for MH, SA, and IDD populations in the North Carolina State Medicaid plan. B3 services are not entitlements and as such, are not subject to appeal or consideration of EPSDT. B3 services are only available up to the capitation.

### Service Definition and Required Components

Respite services provide periodic support and relief to the primary caregivers from the responsibility and stress of caring for children {ages three (3) to twenty-one (21) with mental health, developmental disabilities and substance abuse, and for adults with developmental disabilities. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in scheduled and unscheduled events and to have time away from the child with MH/DD/SAS diagnosis or adults with developmental disabilities. Respite may include in and out-of-home services, activities in a variety of community locations, and may include overnight services. Respite services may be provided according to a variety of models. These may include weekend care, emergency care (family emergency based, not to include crisis respite), or continuous care up to ten (10) days. The respite provider addresses the health, nutrition and daily living needs of the MH/DD/SA child or adult with developmental disabilities. The individual does not need care that requires nursing oversight as defined by the NC Board of Nursing.

The primary caregiver is defined as the person principally responsible for the care and supervision of the MH/DD/SA child or adult with developmental disability and must maintain his/her primary residence at the same address as the child or adult.

### Provider Requirements

- 🌱 Eligible providers for B3 Respite:
- 🌱 Easter Seals
- 🌱 Solid Foundation ResCare
- 🌱 RHA



Member & Recipient Service Line - 877-685-2415  
Business & Administrative Calls - 866-998-2597

[TrilliumHealthResources.org](http://TrilliumHealthResources.org)



Planned Respite services must be delivered by staff employed by a mental health/substance abuse/developmental disability provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by Trillium. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

Private home respite services serving individuals outside their private home are subject to licensure under G.S. 122C Article 2 when:

- ▲ More than two individuals are served concurrently, or
- ▲ Either one or two children, two adults or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

## Program Requirements

Respite Services are delivered face-to-face with the MH/DD/SA child or adult with developmental disabilities.

The provider will ensure that the health, nutrition, supervision, and daily living needs of the MH/DD/SA child or DD adult are met during the respite event. The provider will seek and utilize caregiver input and instructions in the appropriate care and supervision of the person served.

Respite care for MH/SA children is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the MH/SA child remaining within the home and community.

## Staffing Requirements

All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified for Associated Professional and Paraprofessional status according to 10 NCAC 27G 0104 may provide Planned Respite.

## Staff Training

All Staff providing Respite services to children and/or adults must complete training specific to the required components of the respite definition within ninety (90) days of employment. The competency based training should include but not limited to the following:

- 🌱 Diagnosis and clinical issues regarding the population served
- 🌱 Client Rights
- 🌱 Confidentiality/HIPPA
- 🌱 Crisis Intervention and Response
- 🌱 Infectious/Communicable Diseases
- 🌱 CPR/ First Aid/Seizure Management
- 🌱 Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual
- 🌱 Protective Devices/Usage as appropriate for the individual
- 🌱 Cultural Diversity/Awareness
- 🌱 Child Development
- 🌱 Knowledge of the Service Delivery System
- 🌱 Medication Administration as appropriate for the individual
- 🌱 Person Centered Planning including goals and strategies

## Program and Staff Supervision Requirements

All Associate Professions (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204

## Service Type/Setting

This is a periodic service.

This service may be provided in a variety of locations, including homes or facilities (to be checked by QM), according to licensure requirements noted under Provider Requirements above.

### ***Eligible Population:***

Children ages 3-21 (not living in a child residential treatment facility (RTF) and adults who are functionally eligible but not enrolled in the NC Innovations 1915(c) waiver program,

**OR**

Children ages 3-21 who are not functionally eligible for the NC Innovations waiver program but require continuous supervision due to a MH (Axis I or II) diagnosis (CALOCUS level III or greater) or SA Diagnosis (American Society of Addiction Medicine (ASAM) criteria of II.1 or greater),

**OR**

Children ages 3-21 and adults with a DD diagnosis Providers must meet all NC Innovations waiver provider requirements and be enrolled 1915(c) waiver providers.

## Entrance Criteria

The MH/DD/SA child or adult with developmental disabilities is eligible for this service when the person requires continuous supervision due to at least one identified disabilities as defined below:

- A. There is an Axis I or II diagnosis present

**OR**

- B. The person meets the functional eligibility criteria for the Trillium Innovations waiver but is not enrolled

**AND**

- C. CALOCUS level III or greater

**OR**

- D. ASAM criteria of II.1 or greater

**OR**

- E. A current diagnosis of a developmental disability and for adults with developmental disabilities have a score of 102 or below on the Supports Intensity Scale.

## Continued Stay Criteria

- A. The primary caregiver continues to need temporary relief from care giving responsibilities of the child with mental health, substance abuse or developmental disabilities
- B. The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver
- C. For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care

## Discharge Criteria

- A. Respite is no longer identified within the Person Centered Plan or Service Plan; sufficient natural family supports have been identified to meet the need of the caregiver.
- B. The child or adult moves to a residential setting that has paid caregivers.
- C. The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units (sixteen (16) hours a day) can be provide in a twenty-four (24) hour period.

No more than 1536 Units (384 Hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.

## Service Documentation Requirements

Minimum standard is a daily service note that meets the criteria specified in the Service Records manual and includes the name, Medicaid identification number, date of service, purpose of contact, describes the respite services activities includes the time spent performing respite service and includes the signature and credentials of the respite provider.

## Service Exclusions

Respite shall not be provided or billed during the same authorization period as the following services:

- 🌱 Residential Level II-Family Type,
- 🌱 Level II-IV Child Residential,
- 🌱 PRTF,
- 🌱 ICF-MR,
- 🌱 Residential services (state funded).

Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services

Respite may not be provided at the same time of day as the following services:

- 🌱 Day Treatment,
- 🌱 Community Support – Child/Adolescent,
- 🌱 Multi-Systemic Treatment, and
- 🌱 Intensive In-Home Services.

An individual can receive planned Respite services from only one (1) respite provider at a time.

Respite services shall only be provided for the identified MH/DD/SA child or adult with developmental disabilities; other family members, such as siblings of the individual, may not receive care from the provider while Respite Care is being provided/billed for the identified recipient.

Respite Care shall not be provided by any individual who resides in the child's or adult's primary place of residence

## **North Carolina Billing Guidance:**

Service Codes: H0018 U4 (B3 Crisis Respite)

H0045 U4 (B3 Individual Respite) (hourly) H0045 HQU4 (B3 Group Respite) (hourly, group)

A maximum of 64 units (16 hours a day) can be provided in a 24-hour period.

No more than 1,536 units (384 hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.

### ***Evaluation of Consumer outcomes and Perception of Care***

The expected outcome of this service is maintaining the consumer in the residence of the primary caregiver. Continued utilization will be determined by medical necessity reviewed every 180 days or more often as needed. Trillium will review the quality, appropriateness and comprehensiveness of the PCP, treatment plan or ISP. Each goal will be reviewed separately, based on the target date associated with the goal to ensure that the services are individualized and are meeting the strengths, needs, abilities and preferences of the consumer.

### ***Service Limitations***

- The initial authorization for services shall not exceed 180 days
- A maximum of 64 units (16 hours a day) can be provided in a 24 hour period.
- No more than 1536 units (384 hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.
- Individual respite cannot be provided for more than 10 consecutive days.
- A PCP/ISP/Treatment plan with service orders is required