Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. Subject

Children's Behavioral Health Respite

B. Background

Access to respite services are provided for members that meet eligibility criteria. This policy is for provider type 84 mental health community behavioral health centers.

C. Definitions

- Respite services – “services that provide short-term, temporary relief to the informal unpaid caregiver of an individual under the age of 21 in order to support and preserve the primary caregiving relationship”\(^1\). These can be planned or emergent. When member is awake, the provider must also be awake while providing the respite services.
- Legally responsible family member - member's spouse, or in the case of a minor, the individual's birth or adoptive parent

D. Policy

I. Prior Authorization is required for ALL of the following:

A. S5150 Unskilled respite care, not hospice; per 15 minutes AND

B. S5151 Unskilled respite care, not hospice; per diem (for any respite services lasting beyond 12 hours of care)

II. Member must meet ALL of the following to be eligible for respite services:

A. Be under the age of 21 AND

B. Reside with an unpaid primary caregiver in a home or apartment (not controlled by a provider of any health-related treatment or support service) AND

C. Not be a foster child AND

D. Participate in our care management program AND

E. Have a behavioral health need as determined by ONE of the three functional behavior assessments:

1. Child and Adolescent Needs and Strengths (CANS)
   a. Rating of 3 on **ONE** item or rating of 2 on **TWO** items in the following life functioning domain items
      01. Family
      02. Legal
      03. Social functioning
      04. Living situation
      05. School behavior
      06. School attendance
   b. Rating of a 2 or higher on **ONE or MORE** of the following child behavioral/emotional needs criteria
      01. Psychosis
      02. Impulse/hyperactivity
      03. Depression
      04. Anxiety
      05. Oppositional
      06. Conduct

\(^1\) [http://codes.ohio.gov/oac/5160-26-03](http://codes.ohio.gov/oac/5160-26-03)
07. Adjustment to trauma
08. Anger control
09. Substance Use
c. Rating of a 2 or higher on **ONE or MORE** following items in the child risk behaviors criteria
   01. Suicide risk
   02. Self-mutilation
   03. Other self harm
   04. Danger to others
   05. Sexual aggression
   06. Runaway
   07. Delinquency
   08. Judgement
   09. Fire Setting
   10. Social Behavior

OR
2. Achenbach also called Child Behavior Check List (CBCL) (T score above 70)
   OR
3. Strengths and Difficulties Questionnaire (Total difficulties is 16 or greater)

AND
F. Have a diagnosis of serious emotional disturbance resulting in a functional impairment
   1. Schizophreniform disorder
   2. Schizophrenia, unspecified
   3. Delusional disorders
   4. Schizoaffective disorder: bipolar type
   5. Schizoaffective disorder: depressive type
   6. Schizoaffective disorder: brief psychotic disorder
   7. Unspecified schizophrenia spectrum and other psychotic disorder
   8. Bipolar disorder: manic, moderate
   9. Bipolar disorder: manic, severe
   10. Bipolar disorder: depressed, moderate
   11. Bipolar disorder: depressed, severe
   12. Bipolar disorder: severe manic with psychotic features
   13. Bipolar disorder: in partial remission, manic
   14. Bipolar disorder: in partial remission, depressed
   15. Bipolar disorder: in full remission, manic
   16. Bipolar disorder: in full remission, depressed
   17. Bipolar disorder: unspecified, hypomanic
   18. Bipolar disorder: unspecified, manic
   20. Bipolar disorder: unspecified, bipolar II disorder
   21. Bipolar disorder: unspecified, other specified bipolar and related disorder
   22. Bipolar disorder: unspecified bipolar and related disorder
   23. Major depressive disorder, recurrent, moderate
   24. Major depressive disorder, recurrent severe w/o psych feature
   25. Major depressive disorder, recurrent, severe w psychic symptoms
   26. Disruptive mood dysregulation disorder
   27. Agoraphobia with panic disorder
   28. Agoraphobia without panic disorder
29. Generalized anxiety disorder
30. Panic disorder
31. Agoraphobia
32. Obsessive-compulsive disorder
33. Reactive attachment disorder
34. Disinhibited social engagement disorder
35. Post-traumatic stress disorder
36. Post-traumatic stress disorder, acute
37. Post-traumatic stress disorder, chronic
38. Acute stress disorder
39. Anorexia nervosa, unspecified
40. Anorexia nervosa, restricting type
41. Anorexia nervosa, binge eating/purging type
42. Bulimia nervosa
43. Conduct disorder confined to family context
44. Conduct disorder, childhood-onset type
45. Conduct disorder, adolescent-onset type
46. Oppositional defiant disorder
47. Other conduct disorders
48. Conduct disorder, unspecified
49. Separation anxiety disorder of childhood

AND

G. Be without symptoms or behaviors that indicate imminent risk of harm to self or others AND

H. Be determined that temporary relief is needed for the primary caregiver due to member’s BH needs either
1. To prevent an inpatient, institutional or out of home stay OR
2. Member has a history of inpatient, institutional, or out of home stays

III. Respite services are limited to 100 hours per calendar year per member

IV. Respite services must be provided by a provider who meets ALL of the following criteria:
A. Ohio MHAS-certified AND
B. Medicaid enrolled AND
C. Accredited by ONE of the following
   1. Joint Commission OR
   2. Council on Accreditation OR
   3. Commission on Accreditation of Rehabilitation Faculties

AND

D. Comply with criminal records check requirements in the OAC when service is provided in a home and community-based services setting.

V. Respite services must be provided by employees who:
A. Prior to providing service,
   1. Are credentialing in ONE of the following:
      a. The Ohio counselor, social worker and marriage and family therapist board OR
      b. The state of Ohio psychology board OR
      c. The state of Ohio board of nursing OR
d. The state of Ohio medical board
   OR
   e. Have received training/demonstrated competencies in mental health
      AND
      2. Have received training/demonstrated competencies in first aid
      AND
   B. Employees must be supervised by an independently licensed BH professional
      credentialed as noted in V.A.1.

VI. Respite services are NOT to be delivered by a legally responsible family member or
the member’s foster caregiver.

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

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<tr>
<th>DATE</th>
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<td>1/1/2020 New Policy</td>
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<tr>
<td>Date Archived</td>
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The Medical Policy Statement detailed above has received due consideration as defined in the
Medical Policy Statement Policy and is approved.