



MEDICAL POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Children’s Behavioral Health Respite	MM-0826	09/01/2021-07/01/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject	2
B. Background.....	2
C. Definitions.....	2
D. Policy.....	2
E. Conditions of Coverage.....	5
F. Related Polices/Rules.....	5
G. Review/Revision History.....	5
H. References	5



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. This policy is for 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. CareSource considers Children's Behavioral Health Respite care medically necessary when all of the following criteria are met:
 - A. Be under the age of 21;
 - 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);
 - C. Not be a foster child;
 - D. Participate in our care management program;
 - 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

¹ www.codes.ohio.gov



- 06. Conduct
- 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

- 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)
- 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
 - 19. Bipolar disorder: unspecified, depressed, mild/moderate severity
 - 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 psych 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;
- 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; however, this may be exceeded as requested based on medical necessity.
- IV. Respite services must be provided by a provider who meets all of the following criteria:
- A. Ohio MHAS-certified;
 - B. Medicaid enrolled;
 - C. Accredited by one of the following
 1. Joint Commission;
 2. Council on Accreditation;
 3. Commission on Accreditation of Rehabilitation Facilities; 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 credentialed in one of the following:
 - a. The Ohio counselor, social worker and marriage and family therapist board;
 - b. The state of Ohio psychology board;
 - c. The state of Ohio board of nursing;
 - 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 by the Ohio counselor, social worker and marriage and family therapist board, the state of Ohio psychology board, the state of Ohio board of nursing or the state of Ohio medical board.

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

E. Conditions of Coverage
NA

F. Related Polices/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	08/21/2019	
Date Revised	07/22/2020 04/28/2021	Revised D. III. Updated language around medical necessity
Date Effective	09/01/2021	
Date Archived	07/01/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Ohio Administrative Code. (2019, February). 5160-26-03 Managed health care programs: Covered services. Retrieved April 7, 2020, from www.codes.ohio.gov
2. Ohio Administrative Code (2020, June). 5160-45-01 Ohio Department of Medicaid (ODM) - administered waiver program: definitions. Retrieved April 7, 2021 from www.codes.ohio.gov
3. Ohio Administrative Code (2020, June). 5160-27-05 Mental Health Intensive Home Based Treatment Service. Retrieved April 7, 2020 from www.codes.ohio.gov
4. Ohio Department of Medicaid. (2019, December 20) Appendix ODM Rule 5160-26-03 Serious Emotional Disturbance – Qualifying Diagnoses. Retrieved April 7, 2021 from www.codes.ohio.gov
5. Bourdon, K. H., Goodman, R., Rae, D. S., Simpson, G., & Koretz, D. S. (2005, June). The Strengths and Difficulties Questionnaire. *J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY*, 44(6), 557-564.
6. Stiles, PhD., R. (2019, August 20). *Child and Adolescent Screening and Assessment Tools*. PowerPoint. State of Nevada Division of Child and Family Services

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.