

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 21 MENTAL HYGIENE REGULATIONS

Chapter 27 Community Mental Health Programs — Respite Care Services

Authority: Health-General Article, §§10-901 and 10-902, Annotated Code of Maryland

.01 Scope.

This chapter outlines the staffing and service requirements for a provider of respite care services.

.02 Definitions.

A. In this chapter, terms have the meanings stated in COMAR 10.21.17 and in this regulation.

B. Term Defined. "Respite care" means services that are:

(1) Provided for an adult with serious and persistent mental illness or a child with serious emotional disturbance;

(2) Provided on a short-term basis in a community-based setting; and

(3) Designed to support an individual to remain in the individual's home by:

(a) Providing the individual with enhanced support or a temporary alternative living situation; or

(b) Assisting the individual's home caregiver by temporarily freeing the caregiver from the responsibility of caring for the individual.

.03 Approval.

The Department shall grant approval to a program to be eligible to receive State or federal funds for providing respite care services if the program:

A. Is approved as:

(1) A mobile treatment services (MTS) provider under COMAR 10.21.19;

(2) An outpatient mental health clinic (OMHC) under COMAR 10.21.20; or

(3) A psychiatric rehabilitation program (PRP) under COMAR 10.21.21; and

B. Meets the requirements of this chapter, including approval to provide either or both of the following specific respite care services:

- (1) In-home respite, in an individual's place of residence;
- (2) Out-of-home respite, in a home or facility that is appropriately licensed, registered, or approved, based on:
 - (a) The age of individuals receiving services; and
 - (b) Whether the respite is partial day or overnight.

.04 Program Model.

A. The program director shall assure that respite care services are:

- (1) Designed to fit the needs of the individuals served and their caregivers; and
- (2) Delivered by individuals who are privileged by the program to provide a particular service.

B. As approved under this chapter, a program may provide respite care services as needed for an individual:

- (1) With advance planning; or
- (2) As needed in an immediate situation, to resolve or ameliorate a problem in the living situation.

.05 Referral, Eligibility, Screening, and Acceptance for Respite Services.

A. Referral. An individual or the individual's caregiver may request respite care services, or an agency providing mental health treatment or support services to an individual may refer the individual for respite care services.

B. Eligibility.

- (1) An individual is eligible to receive respite care if:
 - (a) The individual is a participant, as described in COMAR 10.21.25.01D(2), in the public mental health system;
 - (b) The individual has a diagnosis that is listed in COMAR 10.09.70.10;
 - (c) The individual is:

(i) An adult who has serious and persistent mental illness and who lives independently or in a family-like setting, or in a residential rehabilitation program (RRP) under the provisions of COMAR 10.21.22; or

(ii) A child who has a serious emotional disturbance and who lives with a parent, guardian, or other primary caretaker in a family-like home, or in a foster home under the provisions of COMAR 07.02.11 or 07.02.21; and

(d) The services are preauthorized, as needed, by the Administration's administrative services organization (ASO) according to the provisions of COMAR 10.21.17.02-1A.

(2) An individual is not eligible to receive respite care if the individual is a resident of a therapeutic group home (TGH) licensed under COMAR 10.21.07 or a facility licensed under Health-General Article, Title 19, Annotated Code of Maryland.

C. Screening. Upon receipt of a referral for respite care, the program director shall ensure that respite care staff:

(1) Conduct a screening assessment with the:

(a) Individual for whom respite care services are requested;

(b) The caregiver or significant other, if any; and

(c) Referral source, if any;

(2) Evaluate whether the respite care is needed:

(a) At a specific future time;

(b) Immediately; or

(c) Intermittently;

(3) Outline, in consultation with the individual and the caregiver, a preliminary plan, including the schedule for respite care, for the services to be provided in accordance with this chapter;

(4) Based on consultation with the individual and, if any, the referral source, document:

(a) The expected duration of the respite care;

(b) The frequency, level, and type of staff contacts needed, such as staff availability:

(i) At a minimum, on call, 24 hours per day, 7 days per week; or

(ii) On site for up to 24 hours per day, 7 days per week; and

(c) If applicable, medications that are prescribed for the individual; and

(5) Inform the individual and the caregiver of the rules for the respite care episode.

D. Acceptance. Upon acceptance of an individual for respite care, staff assigned by the program director, in consultation with the individual and the caregiver, shall:

(1) Perform an assessment of:

(a) The individual's and the caregiver's strengths and needs; and

(b) Interventions needed by the individual during respite;

(2) In order to ensure continuity of care, document information regarding, at a minimum, the individual's participation in:

(a) Outpatient mental health treatment;

(b) Psychiatric rehabilitation;

(c) School;

(d) Work; or

(e) Other scheduled activities;

(3) Taking into consideration the needs under §§C(4) and D(2) of this regulation, formulate an initial plan for respite services, including the:

(a) Schedule for providing respite care;

(b) Location;

(c) Level of staff support;

(d) Schedule of the individual's activities during respite; and

(e) Needed interventions to facilitate the individual's remaining in or returning to the living situation.

.06 Respite Services Provided.

The program director shall ensure that:

A. Services are planned according to the duration, frequency, and location of the respite care;

B. An individual receives services according to a plan that includes:

- (1) Based on the initial plan under Regulation .05D(3) of this chapter, a schedule of the individual's activities during respite;
- (2) When needed, medication monitoring; and
- (3) The frequency and intensity of staff support;

C. Services are coordinated with an individual's individual treatment plan or individual rehabilitation plan;

D. Respite staff document a plan to be implemented in the event of a crisis; and

E. Staff provide referrals or coordinate referrals with other current treatment providers, as needed, for additional services for the individual.

.07 Conclusion of Respite Episode.

A. Planned Conclusion. At the agreed upon time of conclusion of a respite care episode, the program director shall assure that staff document a summary of the episode in the individual's record.

B. Individual's Discontinuation of Services. If an individual elects to discontinue services before the planned conclusion of a respite episode, as described in §A of this regulation, the program director shall:

- (1) Promptly notify the individual's caregiver or designated emergency contact;
- (2) If the individual is a child, discharge the child only to an adult who is legally responsible for the child;
- (3) Notify the CSA and the Administration's ASO of the action; and
- (4) Assure that staff document a summary of the episode in the individual's record.

C. Program's Recommendation to Discontinue Services. If the program director recommends discharging an individual who does not comply with the program's rules or for whom the program's services are not appropriate, the program director shall follow the provisions outlined in §B of this regulation.

.08 Respite Staff.

A. Respite Care Program Director. The MTS, OMHC, or PRP program director shall either:

- (1) Carry out the respite care program director's duties that are delineated in this chapter; or

(2) Appoint a respite care program director with sufficient qualifications, knowledge, and experience to execute the duties of the position.

B. Respite Care Specialists. The respite care program director shall employ a sufficient number of staff who:

(1) As determined by the program director, have sufficient qualifications and experience to carry out the duties of the position;

(2) Before providing services, have training applicable to the service, including, at a minimum, training in:

(a) Mental illness and emotional disorders;

(b) Psychiatric medications;

(c) Crisis intervention;

(d) Family interactions; and

(e) For staff who provide services to children:

(i) Growth and development; and

(ii) Behavioral intervention; and

(3) As permitted under the Health Occupations Article, Annotated Code of Maryland, and as privileged by the program, are available to carry out the:

(a) Program model described in Regulation .04 of this chapter; and

(b) Activities outlined in an individual's respite care plan under Regulation .06 of this chapter.

Administrative History

Effective date: November 16, 1998 (25:23 Md. R. 1697)