

Respite Program Guidelines Child and Adolescent Mental Health Department of Mental Health

I. Mission

Respite services offer short-term support and relief to the families of children and adolescents with significant mental health issues. Services are intended to help maintain family stability, offer opportunities to interact with peers in positive pro-social settings, and to enhance mental health within the family. The goal is to help prevent out-of-home placements, de-escalate crisis situations, practice pro-social skills, and/or assist a youth to transition back into the home and community.

II. Definition¹

Respite is alternative caregiving arrangements to facilitate planned short-term and time-limited breaks for caregivers.

Respite services are planned breaks for parents who are caring for a child experiencing Severe Emotional Disturbance (SED). These breaks allow the parents time to spend with their other children, schedule necessary appointments, or simply rest and recharge. Respite also gives the child a positive social experience apart from the family with an individual who is trained and can offer safe, stimulating activities.

Respite care may be provided in the home or in a variety of community settings. During this time, respite workers provide supervision, establish firm structure and limits around children's behaviors, and build on the child's strengths by engaging them in positive experiences and interactions in the community.

Respite workers receive on-going supervision from the Designated or Specialized Services Agency ("Agency").

III. Types of Respite

- A. **Respite (hourly):** In-home or community-based care for the purpose of providing a planned break for parents/guardians.
- B. **Respite (overnight):** Care for the purpose of providing a planned overnight break for parents/guardians. It is a supportive service for children/youth that are living in their own home/residence, be it a biological, adoptive, or kin-care home. This is not a service for children/youth under the custody of VT Department for Children and Families (DCF) living in their own home, or for any child/youth living in a foster home (therapeutic foster care or DCF foster care).
- C. **Family Respite Activity Requests:** Family respite activity requests are for goods or services that support the child/youth and/or family in participating in pro-social activities or give the parents/caregivers a planned break.
 - i. Examples can include:

¹ These definitions are relevant to respite services funded by the Department of Mental Health only, for children not in State custody.

1. Activity fees for classes, camps, sports activities, group, or club activities
 2. Fees for park passes, swim passes, etc.
 3. Goods or supplies that enable the family to participate in respite activities
 4. Other family activities like bowling, miniature golf, etc.
- ii. Exclusions
1. Respite funding may not be used for food or meals.
 2. Respite funding may not be used for cash payments to individuals/families.

Note: Family Managed Respite (FMR) is overseen and reported separately under the Department of Disabilities, Aging, and Independent Living (DAIL) guidelines.

IV. Program

In operating the respite program, the Agency shall:

- A. designate a primary point of contact or Respite Coordinator who shall:
 - i. have overall responsibility for the coordination of respite services;
 - ii. serve as the Agency's contact with the staff of the Department of Mental Health; and
 - iii. attend, or send a representative, to meetings of Agency Respite Coordinators and to any other required meetings;
- B. recruit, screen, train, and supervise workers to provide respite services to the eligible population;
- C. review applications for respite services and prioritize recipients based on eligibility, level of need, and funding parameters;
- D. match families and workers based on the child's individual strengths and needs and the identified skills of the respite worker; and
- E. evaluate the access to respite, quality, and outcomes of the respite program.

V. Respite Funding Sources, Eligibility, Types, Reporting, and Documentation

Children and youth receiving respite services live with their biological, adoptive, or kin-care family and meet the eligibility criteria listed for the respective fund source below.

Funding Source	Who's Eligible?	Type of Respite Covered	Reporting Requirements	Documentation Requirements
Medicaid (Global Commitment to Health waiver ²)	Intensive Home and Community Based Services (IHCBS)-eligible Medicaid Recipients	<ul style="list-style-type: none"> Hourly Respite Services Overnight Respite Services 	Services Reported via the Monthly Service Report (MSR) under IHCBS cost center (Cost Center: "99")	Refer to Mental Health Provider Manual ³ . Services Amount, type, purpose and benefit documented by case manager in EHR*

² Global Commitment To Health Section 1115 Demonstration waiver

https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/VT-GCH-STCs-with-Attachment-Q-03-07-23.pdf

³ Mental Health Provider Manual <https://mentalhealth.vermont.gov/document/mental-health-provider-manual>

Mental Health Block Grant ⁴	<ul style="list-style-type: none"> Children/youth up to age 22 who meet federal criteria for SED⁵ Not restricted for Medicaid-enrolled only 	<ul style="list-style-type: none"> Hourly Respite Services Overnight Respite Services Family Respite Activity Requests 	<ul style="list-style-type: none"> Services Reported in MSR under Respite cost center (“07”) Family Respite Activity Requests reported in Quarterly Report Form⁶ 	Services Amount, type, purpose and benefit documented by case manager in EHR*
Global Commitment Investment Funds	<p>Children/Youth who:</p> <ul style="list-style-type: none"> meet criteria for SED or are at risk for meeting criteria for SED under Act 264⁷ <p>Medicaid-enrolled youth need to be prioritized</p>	<ul style="list-style-type: none"> Hourly Respite Services Overnight Respite Services Family Respite Activity Requests 	<ul style="list-style-type: none"> Services Reported in MSR under Respite cost – center (“07”) Family Requests reported in Quarterly Report Form 	For Services: Amount, type, purpose and benefit documented by case manager in EHR*
Special Services Fund ⁸	<p>Children/Youth who are:</p> <ul style="list-style-type: none"> Medicaid enrolled 	<ul style="list-style-type: none"> Hourly Respite Services Overnight Respite Services 	<ul style="list-style-type: none"> Services Reported in MSR 	For Services: Amount, type, purpose and benefit documented by case manager in EHR*

*Documentation in the EHR does not require a separate note for each respite service – rather that the total amount of respite provided is documented by the case manager in a weekly or monthly note with content about purpose and response to the service.

⁴ Mental Health Block Grant (MHBG) is governed by: [USCODE-2021-title42-chap6A-subchapXVII-partB.pdf \(govinfo.gov\)](#)

⁵ SAMHSA MHBG SED definition: [Federal Register Notices | Vol. 58, No. 96 | Thursday, May 20, 1993 \(samhsa.gov\)](#)

⁶ Family Respite Activity Request quarterly report form (<https://mentalhealth.vermont.gov/document/cyfs-family-specific-request-respite-template>)

⁷ Act 264 SED definition: <https://mentalhealth.vermont.gov/document/act-264>

⁸ Special Services Funding guidelines https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/Special_Services_Children%2C_Youth%2C_and_Family_Services_Policy_and_Procedures_2021.pdf

VI. Quarterly Reporting Details

The Agency shall submit quarterly data reports as follows using the [Quarterly Report Form](#) and e-mailed to DMH (contact info on form) no later than 15 days after the end of each quarter.

A. Family Respite Activity Requests

- i. Month of request
- ii. Unique client ID # (no names)
- iii. Indicate whether part of a group
- iv. Category of request (drop-down options listed on form)
- v. Short description of request (i.e. Pool pass, therapeutic horseback riding, etc.)
- vi. \$ spent
- vii. Total # clients

B. Waitlist data

For all types of respite, please report

- viii. # of individuals on waiting list due to:
 - a. lack of worker
 - b. lack of funding
- ix. average length of time on list for those currently waiting