




Developmental Services

Respite Care

Monitoring Protocol

Respite care is a service that provides supportive care and supervision to an individual when the primary caregiver is unable to perform these duties due to a planned brief absence, and emergency absence or when the caregiver is available but temporarily physically unable to care for or supervise the individual for a brief period.

Cite	Standard	Probes
<p>Explanation of Monitoring Tool Symbols/Codes</p> <p> Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p> <p>“R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>		
<p>B. Provider Qualifications and Requirements</p>		
<p><i>For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member training records to determine if documentation is maintained, and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i></p>		
1	<p>Respite providers are independent vendors or employees of home health, hospice or nurse registry agencies or licensed residential facilities or, agencies that specialize in services for individuals with developmental disabilities, registered or licensed practical nurses or persons at least 18 years of age with at least one year of experience working in a medical, psychiatric, nursing or child care setting or working with individuals with developmental disabilities.</p>	<ul style="list-style-type: none"> • Review Area Office enrollment files or licenses and credentials submitted by the provider for independent vendors to determine they meet the qualifications noted in the requirement. • If available, review agency provider staff personnel files, or copies of current credentials submitted by the provider and other records to determine that staff meets the noted qualifications. Look for evidence in job descriptions that the provider requires these qualifications. <ul style="list-style-type: none"> ➤ Nurses who render the service as independent vendors are currently licensed or registered by the Department of Health ➤ Licensure or registration is not required for independent vendors who are not nurses, or agencies that specialize in services to persons with developmental disabilities. ➤ College or vocational/technical training that equals at least 30 semester hours, 45 quarter hours or 720 classroom hours may substitute for the require experience. ➤ Independent vendors, who are not nurses, are not required to be licensed or registered if they bill for and are reimbursed for services personally rendered by the provider. <p><i>Note: An agency using one or more employees to provide service and that bills for their services shall be registered as a homemaker/sitter/companion provider, in accordance with Chapter 400, F.S.</i></p>

Cite	Standard	Probes
2  W4.0	Level two background screenings are complete for all direct service employees.	<p>Review available personnel files or records to ascertain compliance. Check for:</p> <ul style="list-style-type: none"> • Notarized affidavit of good moral character; • Proof of local background check • Documentation of finger prints submitted to FDLE for screening and screening reports on file; • Criminal records that include possible disqualifiers have been resolved through court dispositions. • If this is an agency, look for evidence that the provider has used the screening information to identify any potentially disqualifying offenses and to make a determination of eligibility of the employee to render services and supports. As appropriate, look for evidence of Area Office exemptions on disqualifying offenses. <p><i>Note: Home health agency staff providing Home and Community Based Waiver services to developmentally disabled individuals must have Level II background screening.</i></p>
3  W4.0	Provider undergoes background re-screening every 5 years.	<ul style="list-style-type: none"> • Review available personnel files or records to verify that provider and staff, as applicable, undergo background re-screening at least every 5 years. • Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4. <p><i>Note: Fingerprint cards are not required on resubmission.</i></p>
4	Proof of current training and certification in Cardiopulmonary Resuscitation (CPR) is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations. • Review personnel files and other provider training records for evidence of required CPR training. • Review CPR certificates or CPR training documentation to determine expiration date and need for updated training. <p><i>Note: A certified trainer must provide CPR training.</i></p>

Cite	Standard	Probes
5	Proof of current training is available for all independent providers and agency staff in AIDS and infection control.	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations. • Review personnel files and other provider training records for evidence of required training. • Infection control may be a separate training or included and documented as part of the AIDS training as “universal precautions.” <p><i>Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.</i></p>
6	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<p>If this is an onsite visit:</p> <ul style="list-style-type: none"> • Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider to supply any notices, announcements or agendas received about meetings or training. • Ask the provider what Area Office and Agency meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. <p>If this is a desk review</p> <ul style="list-style-type: none"> • Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records. <p><i>Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.</i></p>

Cite	Standard	Probes
7 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	<p>Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency.</p> <p>Training was received within the required timeframes as developed by the Agency.</p> <p>This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction.</p>
8 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<ul style="list-style-type: none"> • Review provider personnel files or training records for evidence of this type of training. • If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend. <p>Training on health, safety and well-being of individuals could include such topics as:</p> <ul style="list-style-type: none"> • Fire safety for the environment; • Evacuation procedures in the event of natural or other disasters; • Training on what to do in the event of personal health emergencies involving consumers; • Basic infection control training, e.g., hand washing before and after all contact with consumers. • Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living. <p>Refer also to the provider's policy in this area to determine compliance.</p> <p><i>Note: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
9 W2.0	Independent vendors and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program. • Determine if medication administration training includes evidence of a return demonstration of the training by an RN for the provider and staff. • Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions. • Determine if training is provided by a qualified trainer (Physician or Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office). <p><i>Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy.</i></p>
10	Independent providers and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> • Instruction on documentation that is required for reimbursement and monitoring purposes. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
11	Independent providers and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual's choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Rendering services in an ethical manner. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
12	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements; and • Billing for services. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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13	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Rendering services and supports in accordance with the service authorization. • Respecting the wishes of individuals as it relates to the services and supports being provided. • Use of Personal Outcomes Measures, or another person-centered planning approach. • Individualizing service delivery methods. <p>Also refer to the provider’s policy in this area to determine specified training.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable. The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
14 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Unique environmental issues for the individual • Unique individual characteristics that provider needs to be aware of in order to render services <p>This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer’s record, such as in notes or other provider documentation.</p>
15 W2.0	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.

Cite	Standard	Probes
C. Service Limits and Times		
16	If the provider is transporting the individual in his or her private vehicle, the provider has a valid driver's license, vehicle registration, and insurance.	<ul style="list-style-type: none"> • Ask the provider if they transport individuals in their private vehicles. • If an agency provider, ask about procedures that are followed when direct service staff transport individuals in their private vehicles, such as when they collect and how they maintain information on employees rendering transportation. • Review provider and staff personnel files or other records for driver's license, vehicle registration and insurance to determine that they are current.
17	The provider notifies the Area Office Developmental Disabilities Program Office of any changes in driver's license, vehicle registration, insurance status, or of traffic violations.	<ul style="list-style-type: none"> • Ask the provider if they transport individuals in their private vehicles. • If an agency provider, ask about procedures that are followed when direct service staff transport individuals in their private vehicles, such as when they collect and how they maintain information on employees rendering transportation. • Review provider and staff personnel files or other records for driver's license, vehicle registration and insurance to determine that they are current.
18	Provider is authorized to render respite services.	Review provider records for a service authorization. Note: the provider cannot bill for more that 30 days (720 hours) of service per year, per recipient.
19	Provider renders services and supports at a frequency and intensity as defined in the service authorization.	Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log. <i>Note: The provider bills by the quarterly hourly rate of service. i.e. If respite services are provided for 10 or more hours a day, the provider must bill by the daily rate.</i>
20	The provider renders overnight respite care only in the individual's own home, family home, licensed foster home, group home, or ALF.	Review provider claims and service logs to determine that <ul style="list-style-type: none"> • Services are not rendered in the home of the provider. • Services are not used for after school or day program care. <i>Note: Individuals in a licensed residential facility who receive respite services must be billed at the ratio of 1-1 in the stepped rate of the service.</i>
21	The provider employs private duty or skilled nurses to perform this service only when the individual has a complex medical condition.	<ul style="list-style-type: none"> • Ask the provider what circumstances would warrant their employing a private duty or skilled nurse to perform respite services. • Examine claims information and billing documentation to determine use of this type of staff. <i>Note: A prescription for this service is needed.</i>

Cite	Standard	Probes
D. Documentation		
22 R	Provider has at a minimum copies of the service log for the period being reviewed.	<p>Review claims data and, if available, provider services logs.</p> <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if documentation is not available.</p>
E. Payment and billing		
23 R	Provider does not bill separately for transportation and travel cost.	<ul style="list-style-type: none"> • Review claims data. • Compare the sampled claims with service records for individuals. <p>If onsite review,</p> <ul style="list-style-type: none"> • Ask the provider to describe and discuss billing policies and procedures. • Ask the provider if they have had any difficulty with denied claims. <p><i>Note: Transportation and travel cost are included in the provider's rate and may not be billed separately.</i></p> <p>This Cite is subject to recoupment for any transportation and travel cost billed separately.</p>

Respite Care 11-22-05.doc
REV 10-29-01; 10-30-01; 03-14-02; 12.30.03; 01.03; 02.04.03; 10-25-05; 11-22-05