

LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:
Date: February 25, 2019

Signature on File
Elfriede Roman, Superintendent

I. SUBJECT: EMERGENCY/CRISIS RESPITE CARE

II. PURPOSE:

To establish parameters and policy for the provision of respite care to eligible individuals with developmental disabilities.

To provide a basis for the development of respite procedures in order to ensure a quality option for respite crisis intervention.

III. REFERENCES:

O.A.C. 5123:2-3 “Licensing of Residential Facilities”

OAC 5123-9-04 “Home and Community-Based Services Waivers – Waiting List

LCBDD/Deepwood Policy A-13a, “Respite Care”

LCBDD/SSA Procedure-2 “Wait List”

LCBDD/SSA Procedure-3 “Immediate Needs Review Committee”

IV. POLICY

A. Crisis - means any situation that creates, for an individual who is eligible for Lake County Board of DD/Deepwood services, a risk of substantial self-harm or harm to others if action is not taken within 30 days. A "crisis" may include one or more of the following situations:

- 1) Loss of present residence for any reason, including legal action;
- 2) Loss of present caretaker, including serious illness of the caretaker, change in the caretaker's status or inability of the caretaker to perform effectively for individual;
- 3) Allegations of abuse, neglect or exploitation of the individual;
- 4) Health and safety issues that pose a serious risk to the individual or others of immediate harm or death;
- 5) Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

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- B. "Emergency" means any situation that fits the criteria for crisis and requires the need for a reduction in respite services for another individual using respite care services in order to meet the needs of the individual in crisis.

The provision of emergency/crisis respite care that requires the reduction of respite service to another individual will only occur with the approval of the Superintendent or designee.

- C. The provision of emergency/crisis respite care shall be an integral and fundamental component of residential services provided by the Board. Emergency/crisis respite care, via services provided directly by the Board or arranged for by the Board, shall be available to all citizens of Lake County who are eligible for Board services and provided within the following parameters:
- 1) There are a total of twelve (12) out-of-home respite beds supported by the Board in the provision of respite. Four (4) beds are located at the Heisley Road Home and eight (8) beds are located in JCDC. In addition, the Board supports individual community respite beds as available. The maximum daily census for JCDC Respite options is eight (8) beds and the maximum daily census at Heisley Respite is four (4) beds.
 - 2) If the family/provider is not at home to receive the individual from their day program and is brought to JCDC Respite, the full fee will be charged to families/providers who make this a pattern (e.g., 1 time/month or more).
 - 3) Residential procedures shall be developed, approved, and implemented for the appropriate use of emergency/crisis respite.
- D. Within the first business day after the admission into the emergency/crisis respite, the professional requesting the emergency/crisis respite care will inform all service providers currently providing services to this individual of the crisis, including the Team Leader, so that the Crisis Resolution Plan can be formulated.
- E. If emergency/crisis admission is to JCDC Respite, the individual's IP Team shall develop a Crisis Resolution Plan within five to seven business days. The JCDC Qualified Intellectual Disabilities Professional (QIDP), who becomes the team leader responsible for coordination of services, will call a special team meeting. The participants shall include the Respite Coordinator, individual/guardian, Residential Nurse, the professional requesting the emergency respite care and a representative from all other involved parties (e.g., SSA, Day Program, etc.). The plan will be submitted to the Superintendent/or designee for approval. This plan will include time lines for activities and delegation of responsibility for crisis resolution, as well as rationale for various steps taken. Once the initial Crisis Resolution Plan is completed, a residential placement update will be generated

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monthly by the professional requesting the emergency respite until the placement crisis is resolved.

As part of the Crisis Resolution Plan, the Team will discuss a family reunification plan. If a family reunification is not an option, then a referral to SSA shall be made to determine if the individual meets the Immediate Needs criteria per OAC 5123-9-04.

If the individual is determined to have an immediate, necessary action will be taken by the Board within 30 calendar days to ensure the immediate need is met.

- i. SSA will provide the individual or Guardian with the option of having the individual's needs met in an ICF/IID or through community-based alternative services.
- ii. If an individual or Guardian chooses an ICF/IID setting in which he or she prefers to receive services, the Board shall assist the individual with tours and referrals to preferred facilities.
- iii. If an individual or Guardian chooses to not receive services in an ICF/IID and there are no other community based alternative services to address the unmet immediate need, the SSA will request the SSA Director to schedule an Immediate Needs Review Committee meeting.
- iv. If approved by the Immediate Needs Review Committee, the SSA Director will identify the appropriate HCBS Waiver to address the immediate unmet needs and request an allocation from DODD through the web-based portal system.

If it is known at the time, that the crisis placement is likely to last 30 days or more, the QIDP / Team Leader will set a date/time for the individual to have an initial IP through JCDC. All JCDC Respite Beds are licensed. As a pre-requisite for receiving emergency/crisis respite status, in excess of 30 days, the individual and his/her family/guardian must be willing to accept the Board's contracted medical providers as his/her primary service providers. The family/guardian must also accept the Board's contracted pharmacy provider (see procedural form attachment D) and are responsible for payment of any medications not covered by insurance. Alternate arrangements will be sought for individuals with private insurance not recognized by the Board's contracted pharmacy. It is the family/guardian's financial responsibility for the payment of the respite care subsidy and must be willing to use the individual's SSI/SSA check to pay for the JCDC Respite fee in accordance with the Board's Respite Procedure, as well as, discretionary needs until discharged from JCDC Respite (see procedural form attachment F).

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- F. As with all Respite Care Programs (community-based, facility-based, and emergency/crisis), the Board reserves the right in its sole discretion to approve, deny, allocate or continue/discontinue respite care services based upon either the availability of funding, failure to meet financial obligations associated with respite care costs, the priority of other Board programs and/or services, or the continued ability to provide such services in a safe, effective and/or efficient manner. Individuals may be denied access or continued access to respite care services based upon a prior behavioral history, known medical condition/history, or demonstrated course of conduct which is likely to create a substantial risk of harm to his/her health or safety and/or the health or safety of other individuals participating in respite care services.

V. DISTRIBUTION:

Board Members
All Management Staff
All Staff (via Department Managers)
LEADD President

VI. REVIEWED:

2/18, 2/17, 2/16, 2/15, 2/13, 2/11, 4/08, 5/06, 5/04, 8/02, 4/02, 11/00, 11/99, 5/98, 10/97, 11/95, 9/91, 11/89, 9/89