

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFIED MEDICAL RESPITE PROGRAM

Guidance on Services

The Department of Health (Department) adopted new regulations at **10 New York Codes, Rules and Regulations (NYCRR) §1007.5** that define the services medical respite programs must provide. This guidance document is intended to articulate policy pursuant to the Department's regulations. **Each medical respite program must establish a services policy that complies with the regulations and this guidance.**

OVERVIEW

The medical respite program is responsible for the provision of recipient services, which must include, at a minimum: temporary room and board, eligibility assessments, development and monitoring of service plans, care coordination, and supervision. Note that eligibility assessments and service plans are addressed primarily in the Department's *Guidance on Referrals, Assessments, and Service Plans*.

Nothing in the regulations or guidance precludes a medical respite program from providing additional services, as long as these services are provided by qualified individuals or entities in compliance with all applicable federal, state, and local laws, ordinances, and rules. Additionally, services provided within the medical respite program should supplement rather than supplant other services available. Where applicable, already available Medicaid services should be leveraged to avoid unnecessary duplication of services to Medicaid members.

For medical respite programs affiliated with the New York State Office of Mental Health (OMH) or Office for People with Developmental Disabilities (OPWDD), any other guidance on services provided by OMH or OPWDD will also apply. *Affiliated with* means the medical respite program is run by a facility licensed by OMH or OPWDD.

TEMPORARY ROOM AND BOARD

The medical respite program must provide recipients with an environment that is safe, sanitary, and conducive to rest and recuperation. Recipients must have access to their designated sleeping area 24 hours a day, 7 days a week. Toilet and shower areas must also be accessible to recipients and in working order with hot and cold water for bathing available 24 hours a day, 7 days a week. The facility as a whole must meet physical standards established in 10 NYCRR §1007.12.

Meals

As described in 10 NYCRR §1007.10, the medical respite program must establish a regular schedule for food service that includes at least three meals and two snacks per day. Meals must be tailored to meet recipients' individual dietary needs and accommodate any restrictions stemming from medical conditions or religious belief. The medical respite program may prepare food onsite or engage a

contractor, but meals must be served at the facility. Program recipients should be encouraged to use communal dining spaces, and in-room tray service should be offered on only a short-term basis if necessary due to a recipient's physical condition.

Housekeeping

The facility must be clean and free of odors, vermin, rodents, and trash. The program operator must maintain appropriate supplies and equipment on site for staff or contractors to use in completing housekeeping tasks. The program operator must *not* require recipients to work for the medical respite program in any capacity, including housekeeping, but may require recipients to maintain personal sleeping and living areas, including placing trash in trash receptacles and wiping down sink basins after use, to the extent a recipient's medical conditions allow.

Laundry

The medical respite program must provide recipients with access to laundry facilities, either onsite or at a nearby commercial laundromat. In either case, the program must arrange for recipients to receive the following at no cost to the recipient:

1. Use of washing machine;
2. Use of dryer;
3. Laundry detergent; and
4. Laundry service or other reasonable accommodation for recipients who are unable to do their own laundry.

Recipients must only be responsible for laundering their own clothing and personal items. The medical respite program or its contractor must launder linens as often as is necessary for recipients to have ready access to blankets, sheets, pillows, and towels that are clean and free from odors.

CARE COORDINATION

Care coordination services must include:

1. Initial, episodic, and periodic evaluation of the service plan, not less than once in every 14-day period, of the needs and goals of each recipient and of the capability of the medical respite program to meet those needs and expressed goals;*
2. Orientating a new recipient and representative to the daily routine;
3. Assisting each recipient to adjust to the temporary stay in the medical respite program;
4. Assisting each recipient to maintain family and community ties while in the medical respite program;
5. Encouraging recipient participation in the medical respite program and community activities;
6. Establishing linkages with and arranging for services from public and private sources for income, health, mental health, and social services, consistent with the service plan;*

7. Assisting recipients in making application for, and maintaining, income entitlements and public benefits, consistent with the service plan;*
8. Assisting the recipient in obtaining and maintaining a primary physician or source of medical care of choice, who is responsible for the overall management of the individual's health and mental health needs, consistent with the service plan;*
9. Assisting the recipient in making arrangements to obtain services, examinations, and reports needed to maintain or document the maintenance of the recipient's health or mental health, including but not limited to:
 - Health and mental health services;
 - Dental services; and
 - Medications;
10. Providing information and referral, consistent with the service plan;*
11. Coordinating the work of other case management and service providers within the medical respite program, with the Social Care Network if applicable, and with external social service providers, consistent with the service plan;*
12. Arranging for transportation for the recipient to and from healthcare appointments, including arranging for the medical respite program to be an originating site for telehealth, if appropriate;
13. Assisting recipients to secure safe and stable housing, consistent with the service plan;*
14. Documenting each recipient's understanding of their rights and responsibilities;
15. Documenting each recipient's understanding of the medical respite program's rules for safely storing and handling medications; and
16. Assisting in the establishment and operation of a system to enable recipients to participate in planning for change or improvement in medical respite program operations and programs and to present grievances and recommendations.

**For additional information regarding the service plan, see pages 9 through 11 of the Department's Guidance on Referrals, Assessments, and Service Plans.*

Each recipient must be provided such case management and care coordination services as are necessary to support the recipient in maintaining independence of function and personal choice, including, but not limited to, decisions regarding which daily activities to participate in, individuals with whom to interact, and the type of physical environment in which the recipient wants to reside when they identify safe and stable housing. The program operator must establish a system of recordkeeping which documents the case management needs of each recipient and records case management activities undertaken to meet those needs. The operator and case management staff within the medical respite program must utilize and cooperate with external service providers.

The operator must:

1. Provide, without charge, space for recipients to meet privately with service providers;
2. Not inhibit access to individual recipients who request services;
3. Identify persons in need of services and assist external service providers in establishing a relationship with these recipients;
4. Work with these service providers in executing a plan for service for individual recipients; and
5. Assist in arranging for transportation as necessary to ensure that recipients are able to attend required services provided in an external location, including arranging for the medical respite program to be an originating site for telehealth, if appropriate.

SUPERVISION

The medical respite program will supervise all recipients. Supervision of recipients by the medical respite program must include, but is not limited to:

1. Maintaining knowledge of general whereabouts of each recipient;
2. Recording a daily census;
3. Conducting daily wellness checks, which must, at a minimum, include nutrition, hydration, sleep, physical health, emotional health, stress management, and social health;
4. Monitoring recipients to identify abrupt or progressive changes in behavior or appearance which may signify the need for medical assessment and additional service provision;
5. Monitoring and providing guidance to assist recipients in performing basic activities of daily living (ADLs), including:
 - Attendance at meals and maintenance of appropriate nutritional intake;
 - Performance of personal hygiene and grooming activities;
 - Performance of basic money management and fulfillment of service needs.
6. Facilitating recipients' retrieval of refrigerated medications if refrigerated medications are stored in a shared refrigerator (see the Department's *Guidance on Medication*);
7. Surveilling facility grounds, the medical respite program facility, and activities of recipients and staff to protect recipients from harm to person and property;
8. Monitoring emergency call systems within the medical respite program (if applicable);
9. Handling individual emergencies or need for assistance, including arranging for medical or other services;
10. Conducting and supervising evacuations and fire and evacuation drills;

11. Implementing the disaster and emergency plan;
 - All employees must be trained in the means of rapidly evacuating the building, and
 - At least one staff person on each shift must be designated responsible for conducting and supervising any evacuation or implementation of the disaster and emergency plan.
12. Investigating incidents involving recipient endangerment, injury, or occurrences which would constitute reportable incidents or death.
 - The investigation must be conducted by an administrator as defined in the Department's *Guidance on Staffing*.

The operator must establish a system which assures that information regarding incidents or changes in recipients' conditions affecting their need for supervision is available on an ongoing basis to all shifts.

Incident Response

1. **Unknown absence.** In the event that a recipient is absent from the medical respite program and the recipient's whereabouts are unknown, the medical respite program must initiate efforts to find the recipient and, **if the absence exceeds 24 hours:**
 - Immediately notify the recipient's next of kin or representative;
 - Immediately notify the appropriate law enforcement agency;
 - Notify the appropriate office of the NYS Department of Health on the first available working day; and
 - Send a copy of the Incident Report to the appropriate office of the NYS Department of Health **within 5 working days**.
2. **Meal Refusal.** In the event that a recipient is unable or unwilling to consume regular meals for **2 consecutive days**, the operator must:
 - Immediately notify the recipient's personal physician;
 - Act on the physician's instruction; and
 - Document the call and physician's instructions in the recipient's record.
3. **Illness or Injury.** In the event that a **recipient requires emergency assistance** because of illness or injury, the operator must:
 - Protect the recipient's safety and comfort;
 - Secure necessary emergency medical assistance; and
 - If necessary, arrange for transfer to an appropriate medical facility.

In the event that a **recipient becomes ill or displays a progressive deterioration** of health or behavior, the operator must:

- Protect the recipient's safety and comfort;
- Obtain medical evaluation and services; and
- If necessary, arrange for transfer to an appropriate medical facility.

In all such cases of illness or injury, the operator must also:

- Notify the recipient's personal physician or, in the event such a physician is not available, a qualified alternate;
- Notify the recipient's representative or next of kin, if known;
- Upon transfer of a recipient to a health, mental health, or other residential care facility, send a Department-approved transfer form and such other information as the receiving facility requests and the operator is required to maintain;
- In emergency transfers, the required information specified above may be telephoned to the receiving facility and written information sent **within 72 hours**; and
- Document the illness or accident and transfer, if any, in the recipient's record.

4. **Danger to Self or Others.** In the event that a recipient exhibits behavior which constitutes a danger to themselves or others, the operator must:

- Arrange for appropriate professional evaluation of the recipient's condition;
- If necessary, arrange for transfer of the individual to a facility providing the proper level of care; and
- Notify the recipient's representative, or next of kin, if known.

5. **Death of a Recipient.** In the event of the death of a recipient, the operator must:

- Immediately take necessary action to notify the recipient's next of kin or representative, if known;
- Immediately take necessary action to notify the appropriate local authorities; and
- Immediately report the death to the appropriate office of the Department of Health by telephone and submit a copy of the Department-prescribed Incident Report, which must be received by the appropriate office of the Department of Health **within 24 hours** of the death.

6. **Recipient Attempts Suicide.** If a recipient attempts suicide, the operator must immediately report the attempted suicide to the appropriate office of the Department of Health by telephone and submit a copy of the Department-prescribed Incident Report, which must be received by the appropriate office of the Department of Health **within 24 hours** of the attempted suicide.

7. **Felony Committed by or Against Recipient.** If an operator discovers an incident where the operator believes, or reasonably should have believed, that a felony crime may have been committed by or against a recipient, the operator must:

- Immediately report the occurrence to the appropriate office of the Department of Health by telephone and submit a copy of the Department-prescribed Incident Report, which must be received by the appropriate office of the Department of Health **within 24 hours** of the occurrence; and
- As soon as practicable, but **in no event longer than 24 hours** after the occurrence, notify an appropriate law enforcement authority of the occurrence.

Incident Reporting

The operator must prepare an Incident Report, using the Department-prescribed form, whenever:

1. A recipient's whereabouts have been unknown for **more than 24 hours**;
2. A recipient assaults or injures, or is assaulted or injured by another recipient, staff, or others;
3. A recipient attempts or dies by suicide;
4. There is a complaint or evidence of recipient abuse;
5. A recipient dies;
6. A recipient behaves in a manner that directly impairs the well-being, care or safety of the recipient or any other recipient or which substantially interferes with the orderly operation of the medical respite program;
7. A recipient is involved in an accident on or off the medical respite program grounds which results in such recipient requiring medical care, attention, or services; or
8. It is believed that a felony crime may have been committed by or against a recipient.

The operator must also:

1. Retain a copy of the Incident Report in the recipient's individual record for a minimum of **6 years** after death or discharge of the recipient;
2. Retain a copy of the Incident Report in program records for a minimum of **10 years**;
3. Maintain a chronological log or record of all Incident Reports prepared, which includes identification of the recipient or recipients involved and the type of incident; and
4. Submit a copy of any Incident Reports required in this guidance to the appropriate office of the Department.

For all required Incident Reports, the operator must include the recipient's version of the events leading up to an accident or incident involving such recipient, unless the recipient objects.

OPTIONAL ACTIVITIES SERVICES

The operator should facilitate recipients' access to an organized and diversified program of individual and group activities but is not required to do so. Activities services may include, but not be limited to:

1. Direct provision, within the medical respite program, of programs and activities for group and individual participation;
2. Arrangement for provision of program and activities within the medical respite program;
3. Arrangement for recipient participation in community-based and community-sponsored activities; and
4. Arrangement for transportation or such other resources as are necessary to enable recipients to participate in community activities.

Activities should be scheduled during evenings and weekends as well as during the weekday. A monthly schedule of activities should be prepared one week in advance of its proposed implementation, and amended to reflect changes as they occur. Activities scheduling should take into account and reflect the age, sex, physical and mental capabilities, interests and the cultural and social background of the recipients.

Each activities schedule should include:

1. Individual, small group and large group activities;
2. Medical respite program-based and community-based activities;
3. Physical exercise or other physical activities;
4. Intellectual activities;
5. Social interaction; and
6. Opportunities for both active and passive recipient involvement.

Each activities schedule should identify the location, time, the provider of each activity and a medical respite program staff contact person responsible for or knowledgeable about each activity. The current schedule of activities should be conspicuously posted in a public area accessible to all recipients and visitors. If the medical respite program chooses to offer activities, the schedule of activities, as planned and as implemented, must be maintained for ten years, in accordance with 1007.14(f)(3).

The operator should provide equipment and supplies sufficient to implement the program of activities. Accommodations and space should be provided for activity and socialization services to facilitate maximum recipient participation.