REGULATIONS FOR RESPITE AND EMERGENCY CARE ADMISSIONS TO MENTAL RETARDATION FACILITIES

12 VAC 35-200-10. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Applicant" means a person for whom respite care <u>or emergency care</u> services are sought.

"Case management community services board (CSB)" means a citizens board established pursuant to § 37.1-195 of the Code of Virginia that serves the area in which an adult resides or in which a minor's parent, guardian or legally authorized representative reside. The case management CSB is responsible for case management, liaison with the facility when an individual is admitted to a state training center, and predischarge planning. If an individual, the parents of a minor receiving services, or guardian or legally authorized representative chooses to reside in a different locality after discharge from the facility, the community services board serving that locality becomes the case management CSB and works with the original case management CSB, the individual receiving services and the state facility to effect a smooth transition and discharge.

<u>"Catastrophe" means an unexpected or imminent change in an individual's living</u> <u>situation or environment which poses a risk of serious physical or emotional harm to that</u> <u>individual.</u>

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<u>"Commissioner" means the Commissioner of the Department of Mental Health,</u> <u>Mental Retardation and Substance Abuse Services.</u>

<u>"Discharge plan" (or predischarge plan) means a written plan prepared by the case</u> <u>management CSB in consultation with the state facility pursuant to § 37.1-197.1 of the</u> <u>Code of Virginia.</u> This plan is prepared when the individual is admitted to the facility and <u>coordinates</u> planning for aftercare services.

"Emergency care" means the placement of an individual <u>with mental retardation</u> in a state facility for the mentally retarded when immediate care is necessary due to a catastrophe and no other community alternatives are available. The total number of days that emergency or respite care services, or both, are used is <u>shall</u> not to exceed 21 consecutive days nor 35 or 75 days in a calendar year. While the facility shall make every effort to implement activities and provide care that assures continuity with the normal living patterns of the individuals served during times of crises, it should be noted that This emergency care is not intended as a means of providing evaluation and program development services, nor is it intended to be used to obtain treatment of medical or behavioral problems.

"Facility" means <u>a</u> state institutions, hospitals, or training <u>center</u> centers with a rated bed capacity of more than 16 beds and devoted to, or with, facilities for the residential care, treatment and training of mentally retarded persons. for individuals with mental retardation under the supervision and management of the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

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"Guardianship" means:

For Minors- An adult who is either appointed by the court as a legal guardian of said minor or exercises the rights and responsibilities of legal custody by delegation from a biological or adoptive parent, upon provisional adoption or otherwise by operation of law.

For Adults- a person appointed by the court who is responsible for the personal affairs of an incapacitated adult under the order of appointment. The responsibilities may include making decisions regarding the individual's support, care, health, safety, habilitation, education and therapeutic treatment. Refer to definition of "incapacitated person" at §37.1-134.6 of the *Code of Virginia*.

"Least restrictive alternative setting" means that program, facility, or other setting that provides services that are the least intrusive into, and least disruptive of, the individual's life and represent the least departure from normal patterns of living that can be effective in meeting the individual's needs for care and supervision. the treatment and conditions of treatment which, separately or in combination, are no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit and protection from harm (to self and others) based on an individual's needs.

"Legally authorized representative" means a person permitted by law or regulations to give informed consent for disclosure of information and give informed consent to treatment on behalf of an individual who lacks the mental capacity to make such decisions.

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"Mental retardation" means the substantial subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

"Respite care" means the placement of an individual <u>with mental retardation</u> in a <u>state</u> facility for the mentally retarded when placement is solely for the purpose of providing temporary care because of medical or other urgent conditions of the caretaking person. or to allow the caretaking person or persons to take a vacation. The total number of days that respite or emergency care services, or both, are used is not to exceed 21 consecutive days nor 35 or 75 days in a calendar year. While the facility shall implement activities and provide care that assures continuity with the normal living patterns of the individuals served by respite care programs, it should be noted that respite <u>Respite</u> care services are not intended as a means of providing evaluations and program development services, nor are they intended to be used to obtain treatment of medical or behavioral problems or both.

"Responsible persons" means relatives, legal guardians, state or local agencies, or other persons who have a legitimate concern for the health, safety, and welfare of mentally retarded individuals who may be in need of temporary care.

12 VAC 35-200-20. Respite care.

A. Applications for respite care in state mental retardation facilities shall be processed through the community mental health and mental retardation services board

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<u>case management CSB</u>. A parent, guardian, or other responsible person <u>or legally</u> <u>authorized representative</u> seeking respite care for a mentally retarded person <u>an</u> <u>individual with mental retardation</u> shall apply first to the community mental health and mental retardation services board <u>CSB that serves the area</u> where the applicant, his parent, or guardian<u>, or legally authorized representative</u> resides. If the services board <u>case management CSB</u> determines that respite care services for the applicant are not available in the community, they <u>it</u> shall forward an application to the facility serving the <u>mentally retarded</u> <u>individuals with mental retardation</u> from that geographic section of the state in which the applicant or his parent<u></u>, or guardian<u>, or legally authorized</u> <u>representative</u> is currently residing.

The application must shall include:

1. An application for services;

2. A medical history <u>indicating the presence of any current medical problems as</u> <u>well as the presence of any known</u> and current status including a statement that the applicant is or is not suffering from a communicable disease. In all cases, the application shall include any currently prescribed medications as well as any known medication allergies;

3. A social history and current status;

4. A psychological evaluation that has been performed in the past three years unless. This requirement may be waived if the facility director or designee

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determines that sufficient information as to the applicant's abilities and needs is included in other reports received;

5. If the applicant is school aged, a <u>A</u>current individualized education plan for <u>school aged applicants unless</u>. This requirement may be waived if the facility <u>director or designee determines that</u> sufficient information as to the applicant's abilities and needs is included in other reports received;

6. If the applicant is an adult, <u>A</u> a vocational assessment <u>for adult applicants</u> <u>unless</u>. This requirement may be waived if the facility director or designee <u>determines that</u> sufficient information as to the applicant's abilities and needs is included in other reports received; and

7. A statement from the community mental health and mental retardation services board case management CSB that respite care services for the applicant are not available in the community-and;

8. A statement from the case management CSB that the appropriate arrangements will be made to return to the individual to the CSB within the time frame required under this regulation.

B. Determination of eligibility for respite care services shall be based upon the following criteria:

1. The individual <u>applicant</u> has a primary diagnosis of mental retardation and functions on a level that meets the facilities <u>facility's regular</u> admission criteria;

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2. The individual's <u>applicant's</u> needs for care and supervision are such that, in the event of a need for temporary care, respite care services would not be available in a less restrictive environment <u>setting</u>; and

3. The facility has appropriate resources to meet the care <u>and</u>, supervision, and activity needs of the applicant.

Within a reasonable time of the receipt of the completed application, the facility's facility director, or his designee, will reply in writing to the person seeking respite care services. shall provide written notice of his decision to the case management CSB. This notice shall state the reasons for the decision.

If it is determined that the applicant is not eligible for respite care, the person seeking respite care services may ask for reconsideration of the decision by submitting a written request for such reconsideration to the commissioner. Upon receipt of such request, the commissioner shall notify the facility director and the facility director shall forward the application packet and related information to the commissioner within 48 hours. The commissioner shall also provide an opportunity for the person seeking respite care to submit for consideration any additional information or reasons as to why the admission should be approved. The commissioner shall render a written decision on the request for reconsideration within ten days of the receipt of such request and notify all involved parties. The commissioner's decision shall be binding

If it is determined that the applicant is eligible for respite care services, the reasons for

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this decision shall be stated in writing along with the following information:

1. A summary of the facility's procedures pertaining to respite care admissions; and

2. The name and phone number of an appropriate staff member to contact to request a respite care admission.

If it is determined that the services of the facility are not suitable to meet temporary care of the applicant, the reasons for this determination and, if possible, recommendations as to alternative sources for the needed services shall be stated in

writing.

C. Once eligibility has been established, a respite care candidate, parent, guardian or other responsible person or persons may request respite care services for specific dates.

The facility may agree to provide respite care services as long as the following provisions are made:

C. Respite care is provided in state facilities under the following conditions:

1. The length of the respite care stay at the facility does <u>shall</u> not exceed 21 consecutive days or a total limit cannot be exceeded <u>of 75 days in a calendar</u> <u>year</u>; unless expressly authorized by the Commissioner of the Department of Mental Health and Mental Retardation in an individual case, based on his review of any unusual circumstances which may require an extension of this time limit. In no case shall this time limit exceed 75 days in one calendar year;

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2. Information on file at the facility is current;

3. Space and adequate staff coverage are available on a unit with an appropriate peer group for the candidate <u>applicant</u> and suitable resources to meet his care <u>and</u>, supervision and activity needs; <u>and</u>

4. A physical examination performed by the facility's health service personnel at the time of the respite care admission has determined that the candidate's <u>applicant's</u> health care needs can be met by the facility's resources during the scheduled respite care stay; and.

5. There is a contract between the parent, guardian or other responsible person or persons and the facility. The contract shall specify the length of the respite care stay, date and time of discharge, and the cost of the care.

If for any reason a person admitted for respite care services is not discharged at the agreed upon time, <u>the case management CSB shall develop a</u> discharge plans will be arranged through the appropriate community services board <u>plan</u> as provided in §§ 37.1-98 <u>and 37.1-197.1</u> of the Code of Virginia.

Respite care is not to shall not be used as a mechanism to circumvent the standard admissions procedures as provided in § 37.1-65.1 of the Code of Virginia. No person who is admitted to a training center in response to this chapter shall, during the time of such respite care admission, be eligible for admission to any training center in response to § 37.1-65.1 of the Code of Virginia.

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12 VAC 35-200-30. Emergency care.

A. In the event of a catastrophe necessitating immediate, short-term care for a mentally retarded person an individual with mental retardation, emergency care may be requested by a parent, guardian, or other responsible person legally authorized representative by calling the community mental health and mental retardation services board of the area of the Commonwealth in which the applicant, parent, or guardian resides case management CSB. If the community mental health and mental retardation services board of the area of the Commonwealth case management CSB determines that respite care services for the applicant are not available in the community, the board it may request an emergency admission to the facility serving that geographic area in which the applicant, his parent, or guardian, or legally authorized representative resides.

The facility <u>case management CSB</u> shall make every effort to obtain the same case information required for respite care admissions, <u>as described in 12 VAC 35-200-20. A</u>, before assuming responsibility for the care of the individual in need of emergency services. However, if the information is not available, this requirement may temporarily be waived if, and only if, arrangements have been made for receipt of the required information within 48 hours of the emergency care admission.

B. Acceptance for emergency care admissions shall be based upon the following criteria:

1. A catastrophe has indeed occurred and requiring immediate alternate

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arrangements must be made immediately to protect the individual's health and safety;

2. The individual has a primary diagnosis of mental retardation and functions on a level that meets the facility's regular admissions criteria;

3. All other alternate care resources in the community have been explored and found to be unavailable;

4. Space is available on a unit with suitable appropriate resources to meet the individual's care and supervision needs;

5. The facility's health services personnel have determined that the individual's health care needs can be met by the facility's resources; and

6. The length of the emergency care stay at the facility will not exceed 21 consecutive days or a total of $35 \overline{75}$ days in a calendar year.

C. Within 24 hours of receiving a request for short-term care which qualifies as emergency in nature emergency care, the facility's facility director, or his designee, will inform the case management CSB parent, guardian, or other responsible person or persons as to whether the applicant is eligible for emergency care and whether or not the facility is able to provide emergency care services.

If the facility is able to provide emergency care services, arrangements shall be made to effect the admission as soon as possible.

If the facility is unable to provide emergency care services to an eligible applicant, the

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reasons for this will be explained to the parent, guardian or other responsible person or persons the facility director or designee shall provide written notice of this determination to the case management CSB and may offer to try to obtain emergency care services from another appropriate facility.

If the facility is unable to provide emergency care services due to lack of space or because of the medical condition of the individual in need of care, the director, or his designee, shall offer to try to obtain emergency care services from another mental retardation facility.

If for any reason a person admitted <u>to a facility</u> for emergency care is not discharged at the agreed upon time, discharge plans shall be arranged through the appropriate community services board <u>the case management CSB shall develop a discharge plan</u> as provided in §§ 37.1-98 (e) <u>and 37.1-197.1</u> of the Code of Virginia.