

# BEHAVIORAL RESPITE SERVICES PROTOCOL CHECKLIST

Person's Name \_\_\_\_\_  
(Last, First)

Date of Birth \_\_\_\_\_

Reviewer's Name \_\_\_\_\_  
(Last, First)

Date Request Received \_\_\_\_\_

## A. Behavioral Respite Services

<p><b>1.</b></p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>Is there sufficient information in the Individual Support Plan (ISP) and supporting documentation to justify that the person meets either "a." or "b." below:</p> <p>a.    The person:</p> <p style="margin-left: 40px;">(1)    Is receiving Behavioral Health Crisis Prevention, Intervention, and Stabilization Services in the System of Support (SOS); <b>AND</b></p> <p style="margin-left: 40px;">(2)    Is experiencing a behavioral crisis that necessitates temporary removal from the current residential setting in order to resolve the behavioral crisis; <b>AND</b></p> <p style="margin-left: 40px;">(3)    Will require inpatient psychiatric care unless behavioral respite services are provided, as determined by the SOS Team;</p> <p style="text-align: center; background-color: yellow; margin: 10px 0;"><b>OR</b></p> <p>b.    The person currently is currently experiencing a behavioral crisis which:</p> <p style="margin-left: 40px;">(1)    Meets at least <b>one</b> of the following:</p> <p style="margin-left: 80px;">(i)    Places the person or others at imminent and significant risk of harm; <b>OR</b></p> <p style="margin-left: 80px;">(ii)    Threatens the sustainability of the current community living arrangement;</p> <p style="margin-left: 40px;">(2)    <b>AND all</b> of the following are met:</p> <p style="margin-left: 80px;">(i)    Efforts to stabilize the person's behavioral symptoms during the crisis in the current community living arrangement have not been effective; <b>AND</b></p> <p style="margin-left: 80px;">(ii)    Temporary removal from the current community living arrangement is required in order to stabilize the behavioral crisis; <b>AND</b></p> <p style="margin-left: 80px;">(iii)    The person will require inpatient psychiatric care unless behavioral respite services are provided.</p> <p><b>If YES to "1.a." or "1.b.", proceed to Question #2.</b></p>
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	<p>If <b>NO</b> to "1.a." and "1.b." above, stop and <b>deny</b> as <u><b>not medically necessary</b></u>.</p>
<p><b>2.</b></p> <p><input type="checkbox"/> <b>YES</b>   <input type="checkbox"/> <b>NO</b></p>	<p>Is the number of days of Behavioral Respite Services requested consistent with and not in excess of the number of days of Behavioral Respite Services needed to resolve the behavioral crisis and facilitate the person's safe return to the community living arrangement?</p> <p>If <b>YES</b>, stop and approve the amount of Behavioral Respite Services requested.</p> <p>If <b>NO</b>, approve the number of days of Behavioral Respite Services requested that is consistent with the number of days of Behavioral Respite Services needed to resolve the behavioral crisis and facilitate the person's safe return to the community living arrangement (subject to the waiver service limit of 60 days per person per program year).</p> <p>Deny as not medically necessary that portion of the total number of days of Behavioral Respite Services requested that is in excess of the amount of the number of days of Behavioral Respite Services needed to resolve the behavioral crisis and facilitate the person's safe return to the residential placement.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	Criteria _____ not met.
Comment Section	
	<p><b>Plans Reviewer Signature</b> _____ <b>Date</b> _____</p>