SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: SERVICES
	Subject: Respite Care

References: ***ARM: 37.40.1451***

DEFINITION Respite care is a temporary, short-term care provided to members in need of supportive care to relieve those persona who normally provide the care. Respite care is only utilized to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, hospitals, group homes of residential hospice facilities.

SERVICE REQUIREMENTS Respite care must meet the following criteria:

1. Be provided only on a short-term or temporary basis such as part of a day, week, month and weekends or vacation periods.

2. Be provided in the member's residence or by placing the member in another private residence, adult residential setting or other community setting, hospital, residential hospice, group home, therapeutic camp for children and adults with disabilities or licensed nursing facility.

3. Respite care providers must be determined by the case management team to be:

    a) Physically and mentally qualified to provide the respite care; and

    b) Aware of emergency assistance systems

4. Persons who provide respite care may also be required by the case management team to have knowledge of the member's physical and mental conditions, medications, and be capable of administering basic first aid.

5. When respite care is provided, the provision of, or payment for other duplicative services under HCBS is precluded (e.g., payment for respite care when member is in Adult Day Care).

6. If a member requires assistance with Activities of Daily Living (ADLS) during the respite hours, a personal assistant should be used under State Plan or HBS Personal Assistance services. Refer to HCBS 722.

7. Be age appropriate as it relates to children (e.g. not day care).

REIMBURSEMENT LIMIT

When respite care is provided by a nursing facility, reimbursement may not exceed the specific facility's Medicaid per diem rate (unless otherwise negotiated by the Department for CC3 members).

When respite care is provided in a hospital or adult residential setting, the case management team (CMT) can negotiate the rate that may include room and board. Refer to HCBS 699-3.