



Respite (S5150) and Respite, Daily (S5151) Claims Unit Calculation

Target Audience - Qualified Vendors and Providers

Transmittal Date - 03/25/2026

The Division is updating the Focus and WellSky systems to align with the AHCCCS EVV Aggregator requirements for billing Respite (S5150) and Respite, Daily (S5151), effective Wednesday, April 1, 2026. The Support Coordinator will still assess and authorize respite.

- For Respite (S5150) (including nursing respite), the Qualified Vendor provides respite for direct service time to the nearest 15-minute increment. Direct service time is the period of time spent with the member and verified by the member. The Qualified Vendor can only bill up to 47 units.
- For Respite, Daily (S5151), the Qualified Vendor provides Respite for a total of 12 or more hours, equivalent to 48 or more units (consecutive or non-consecutive) in one calendar day. A calendar day is a 24-hour period that begins at midnight and ends at 11:59 pm of the same day. Respite, Daily will be billed for the appropriate number of days of service and will include the actual cumulative hours of service provided on the billing document.

The Division is updating the rate book to reflect these requirements. The updated rate book will be published prior to April 1, 2026.

Additionally, Qualified Vendors need to ensure they enter the same service in the Electronic Visit Verification (EVV) system that they use for their claims submissions. Respite (S5150) cannot be entered in EVV, and a claim for Respite, Daily (S5151) be submitted to the Division. If the services do not align between the AHCCCS Aggregator and the claims submission, it will be rejected. Qualified Vendors with any denied claims for this EVV mismatch will need to resubmit the claims in WellSky.