

**Division of Developmental Disabilities**

# POLICY NOTIFICATION

**Early Notification Transmittal Date: Dec 24, 2025**

**Public Comment Transmittal Date: Jan 28, 2026**

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## NOTIFICATION

**DDD is proposing a new policy** : AdSS Medical 1250-D Respite

**AdSS Medical Manual, Policy** 1250-D Respite

**Description of new policy** :

AdSS Medical Manual Policy 1250-D Respite is a new policy that applies to the Administrative Services Subcontractors. This policy outlines the requirements for, and describes coverage of, Respite services for AdSS Members who are eligible for Arizona Long Term Care Services (ALTCS). Guidance includes but is not limited to:

- Where Respite can be provided;
- Requirements for Direct Support Professionals;
- Skilled nursing provision of Respite; and
- Respiratory Therapy provision of Respite.

## PUBLIC COMMENT TIMELINE

**Dates:** Public comment will be open for 30 days beginning January 28, 2026 and closing February 27, 2026, 11:59 pm, Arizona time.

**Instructions:** (Complete instructions are located on the Division's [webpage](#))

- Comments may be submitted online by clicking [here](#).
- Do not include any information that is confidential, covered under HIPAA, or inappropriate for public disclosure.

If access to the online form is not available or if you have questions, please email the DDD Policy Unit at [DDDpolicy@azdes.gov](mailto:DDDpolicy@azdes.gov).

## **1250-D RESPITE**

EFFECTIVE DATE: Month Day, Year

REFERENCES: A.R.S. §46-459, A.R.S. § 41-1758.02, A.R.S. §41-1758.03,  
A.R.S. § 36-551, A.R.S. §32-3501, AMPM 1250-D

### **PURPOSE**

This policy applies to the Division of Developmental Disabilities (Division) Administrative Services Subcontractors (AdSS) and outlines the requirements for and describes coverage of Respite services for AdSS Members who are eligible for Arizona Long Term Care Services (ALTCS).

### **DEFINITIONS**

1. "Alternative Home and Community Based Services Setting" or "Alternative HCBS" means a living arrangement where a Member may reside and receive HCBS, the Setting shall be approved by the director, and either
  - a. Licensed or certified by a regulatory agency of the state;  
or
  - b. Operated by the Indian tribe or tribal organization, or an urban Indian organization, and has met all the applicable

standards for state licensure, regardless of whether it has actually obtained the license.

2. "Calendar Day" means every day of the week including weekends and holidays.
3. "Community Residential Setting" means a residential setting contracted by the Department of Economic Security (Department) in which persons with developmental disabilities live and are provided with appropriate supervision by the Service Provider responsible for operating the residential Setting and includes:
  - a. A child developmental home or an adult developmental home;
  - b. A Group Home; or
  - c. A behavioral-supported group home or nursing-supported group home.
4. "Direct Support Professional" or "DSP" means a person who delivers direct support in Homes and Community-Based Services with current training according to the training and certification or

licensing requirements of the Home and Community-Based Services they provide.

5. "Group Home" means a Community Residential Setting for not more than six individuals with developmental disabilities that is operated by a service provider under contract with the department and that provides room and board and daily habilitation and other assessed medically necessary services and supports to meet the needs of each person.
6. "Home" means a residential dwelling in which the Member is currently living.
7. "Home and Community Based Services Settings" or "HCBS Settings" means:
  - a. An individual's Home as specified in AAC R9-28-101(B); or
  - b. Alternative HCBS Settings as specified in AAC R9-28-101(B).
8. "Institutional Setting" means:
  - a. A nursing facility as specified in 42 USC 1396 r(a):

- b. An Intermediate Care Facility (ICF) for individuals with intellectual/developmental disabilities; or
  - c. A hospice as defined in ARS 36-401.
9. "Intermediate Care Facility" or "ICF" means a facility that primarily provides health and rehabilitative services to individuals with Developmental Disabilities that are above the service level of room and board or supervisory care services or personal care services as defined in section 36-401 but are less intensive than skilled nursing services as specified in A.R.S. § 36-551.
10. "Member" means the same as "Client", a person receiving developmental disabilities services from the Division as specified in A.R.S. § 36-551.
11. "Private Residence" means a residential dwelling in which the Member is currently residing that is not a Community Residential Setting, facility, institution, or a portion of any of the following that are licensed or certified by a regulatory agency of the State as a:

- a. Health care institution under A.R.S. § 36-401;
  - b. Residential care institution under A.R.S. § 36-401; or
  - c. Behavioral health facility under 9 A.A.C.20, Articles 1, 4, 5, and 6 (A.A.C.R9.101).
12. "Provider" means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.
13. "Respite" means a service provided as an interval of rest or relief to a family member or other individual caring for an ALTCS Member.
14. "Service Plan" means a complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the Member in achieving an improved quality of life.
15. "Setting" means the Home or building used to provide care or

supervision and the surrounding property and buildings that are owned, leased, or controlled by the care-provider.

**POLICY**

- A.** The AdSS shall require Respite to be provided by a Respite Provider coming to a Member's Home, by admitting the Member to a licensed Institutional Setting, or in an approved Alternative HCBS Setting for the Respite period.
- B.** The AdSS shall require an individual who provides Respite services to Members to be employed or contracted by a Provider or, in the case of a Member-directed option, directed by the Member.
- C.** The AdSS shall require Respite provided for a period less than 12 hours, regardless of the date on which the Respite began, to be authorized by the number of units provided with one unit of service equal to 15 minutes.
- D.** The AdSS shall require Respite provided for a period of 12 to 24 continuous hours, regardless of the date the Respite began, in a Calendar Day to be authorized at a per diem rate.
- E.** The AdSS shall define the benefit year for Respite as a one year time

period of October 1st through September 30th.

- F.** AdSS staff shall include Respite provided by both behavioral health and the Division in the combined total not to exceed 600 hours per benefit year.
- G.** The AdSS shall require Respite to be:
1. Delivered as specified in the Member's Service Plan; and
  2. Authorized by the Member's Case Manager.
- H.** The AdSS shall require Respite to include:
1. Supervision of the Member for the Respite period;
  2. Provision of services during the Respite period which are within the Respite Provider's scope of practice; and
  3. Provision of activities and services to meet the social, emotional, physical and behavioral needs of the Member during the Respite period.
- I.** The AdSS shall require the following facilities and agencies that provide Respite to be licensed by the Arizona Department of Health Services, and be Medicare certified when applicable:
1. Nursing facilities and Intermediate care facilities for persons with

- intellectual disabilities;
2. Adult day health facilities provided the criteria is met in Section J of this policy; and
  3. Home Health Agencies.
- J.** The AdSS shall require Adult day health facilities providing Respite to require Members to be:
1. Continent of bowel and bladder or able to provide self-care;
  2. Ambulatory, or if a wheelchair user, be self-propelling and need only standby assistance for transfer;
  3. Able to attend Respite programs without the need of medications while in program, or be able to self-administer medications;
  4. Not in need of any licensed services during the program's daily operation, if licensed personnel are not included in the Provider's staffing for the group Respite program; and
  5. Not in danger to themselves or others.
- K.** The AdSS shall require Providers to develop policies and procedures and to conduct background checks of DSPs that comply with the following standards:

1. At the time of hire, and every year thereafter, conduct a nationwide criminal background check to include criminal convictions in Arizona;
2. At the time of hire and every year thereafter:
  - a. Conduct a search of the Arizona Adult Protective Services Registry; and
  - b. Prohibit a DSP from providing services to Members if the background check results contain:
    - i. Convictions for any of the offenses listed in A.R.S. §41-1758.03(B) or (C); or
    - ii. Any substantiated report of abuse, neglect, or exploitation of vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S. §46-459;
3. Upon hire and annually thereafter, obtain a notarized attestation from the DSP that they are not:
  - a. Subject to registration as a sex offender in Arizona or any other jurisdiction; or

- b. Awaiting trial on, or has been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit any criminal offense listed in A.R.S. §411758.03(B) or (C), or any similar offense in another state or jurisdiction;
- 4. Require the DSPs to report immediately to the Provider if a law enforcement entity has charged the DSP with any crime listed in A.R.S. §41-1758.03(B) or (C);
- 5. Require DSPs to report immediately to the Provider if Adult Protective Services has alleged that the DSP abused, neglected, or exploited a vulnerable adult.
- L.** The AdSS shall require Respite Providers to comply with Fingerprint Clearance Card requirements specified in A.R.S. § 41-1758, permitting use of a DSP's Fingerprint Clearance Card to be used as evidence of complying with the criminal background check required by this Policy, as described in section K(2) of this policy.
- M.** The AdSS shall prohibit DSPs from providing services to Members if the DSP is precluded from receiving a Fingerprint Clearance Card or has a substantiated report of abuse, neglect, or exploitation of

vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S. §46-459.

- N.** The AdSS shall require DSPs providing Respite to:
1. Hold current certifications in Cardiopulmonary Resuscitation (CPR) and first aid; and
  2. Have appropriate skills and training to meet the needs of each Member assigned to them.
- O.** The AdSS shall require Respite Providers to obtain from DSPs three letters of reference, with one being from a former employer or contractor, to verify and document all references, skills, and training in the employee's personnel or contract file.
- P.** The AdSS shall permit, when Respite is provided in an Institutional Setting or an approved Alternative HCBS Setting, other ALTCS services to be provided:
1. As allowed in the specific Setting;
  2. If included in the Member's Service Plan; and
  3. As authorized by the Case Manager.
- Q.** The AdSS shall require all HCBS included in the Member's Service Plan

to be provided in conjunction with Respite when Respite is being provided in the Member's own Home.

- R.** The AdSS shall require Respite to be provided at the Member's level of medical need, when Respite is determined necessary for a Member with skilled nursing needs, living in their own Home or an approved Alternative HCBS Setting.
- S.** The AdSS shall require Respite to be provided by skilled nursing services if available when determined to be medically necessary and cost effective.
- T.** The AdSS shall require Respite to be provided to a Member with respiratory care needs by a respiratory therapist when skilled nursing personnel are unavailable to provide Respite and the following conditions are met:
1. The Member's primary care provider approves and orders the Respite to be provided by a respiratory therapist;
  2. The Member's care requirements fall within the scope of practice for the licensed respiratory therapist as defined in A.R.S. §32-3501; and

3. Orientation to the care needs unique to the Member are to be provided by the usual caregiver or by the Member.

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Signature of Chief Medical Officer

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Name

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Date