

1250-D RESPITE

REVISION DATES: 3/18/2026, 12/18/2019, 7/15/2016, 7/3/2015,
9/15/2014

REVIEW DATES: 1/23/2025, 10/10/2024, 10/12/2023

EFFECTIVE DATE: June 30, 1994

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 outlines the requirements for coverage of Respite as a short term service for Division of Developmental Disabilities (Division) Members who reside in a Private Residence and are eligible for Arizona Long Term Care Services (ALTCS).

DEFINITIONS

1. “Adult Developmental Home” or “ADH” means a residential Setting in a family home in which the care, physical custody and supervision of the adult client are the responsibility, under a twenty-four-hour care model, of the licensee who, in that capacity, is not an employee of the division or of a Service Provider and the home provides the following services for a group of siblings or up to three adults with developmental disabilities, as specified in A.R.S. § 36-551:

- a. Room and Board;
 - b. Habilitation;
 - c. Appropriate personal care; and
 - d. Appropriate supervision.
2. "Alternative Home and Community Based Services Setting" or "Alternative HCBS Setting" 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.
3. "Calendar Day" means every day of the week including weekends and holidays.
4. "Child Developmental Home" or "CDH" means a residential Setting in a family home in which the care and supervision of the child are the responsibility, under a twenty-four hour care model,

of the licensee who serves as the developmental home provider of the child in the home Setting and who, in that capacity, is not an employee of the division or of a Service Provider and the home provides the following services for a group of siblings or up to three children with developmental disabilities as specified in

A.R.S. § 36-551:

- a. Room and Board;
 - b. Habilitation;
 - c. Appropriate personal care; and
 - d. Appropriate supervision.
5. "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;
 - b. An adult developmental home;
 - c. A Group Home; or

- d. A behavioral-supported group home; or
 - e. A Nursing-supported group home.
6. “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.
7. “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.
8. “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).
9. “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, free-standing, hospital, or nursing facility subcontracted beds, as specified in ARS 36-401.
10. "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 that are less intensive than skilled nursing services (ARS 36-551).
11. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
12. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

13. "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).
14. "Respite" means services that provide a short-term or long-term interval of rest or relief to the care provider of a person with a developmental disability.
15. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.
16. "Service Provider" means an agency or individual operating under a contract or service agreement with the Department to

provide services to Division Members.

17. "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.
18. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

POLICY

- A.** The Division shall require Respite to be provided by a Service Provider for the Respite period:
 1. In a Member's home;
 2. In the community; or
 3. In a licensed institutional facility or an approved Alternative HCBS Setting.
- B.** The Division shall require a DSP who provides Respite services to Members to be employed or contracted by a Service Provider, or in the case of Agency with Choice or the Independent Provider program, directed by the Member.
- C.** The Division shall require Service Providers to prohibit DSPs who are

the primary caregiver for a Member, from providing Respite to the Member.

- D.** Division staff shall utilize the Division’s Respite Assessment Tool (DDD-2042A) to assess the level of Respite Care to be provided to the Member.
- E.** The Division shall require the Pre-Service Provider Orientation form (DDD-0097A) to be completed by the Service Provider and the Responsible Person before the Service Provider begins providing Respite.
- F.** The Division 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 hours provided.
- G.** The Division shall require Respite provided for a period of 12 or more consecutive hours in a Calendar Day to be authorized at a per diem rate as outlined in the Division’s Rate Book, which results in a reduction of the Member’s Respite service hours by 12 for each per diem rate of Respite.
- H.** The Division shall define the benefit year for Respite as a one year time period of October 1st through September 30th.

- I.** Division staff shall include both Respite provided by behavioral health, and Respite provided by the Division for a combined total of Respite hours, not to exceed 600 hours per benefit year.
- J.** The Division shall require Respite to be:
 - 1. Delivered as specified in the Member's Planning Document; and
 - 2. Authorized by the Member's Support Coordinator.
- K.** The Division 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 Service Provider's scope of service; and
 - 3. Provision of activities and services to meet the social, emotional, physical and behavioral needs of the Member during the Respite period.
- L.** The Division 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; and
 - 2. Home Health Agencies.

- M.** The Division shall require Service Providers to develop policies and procedures, and conduct background checks of DSPs that comply with the following standards:
1. At the time of hire and every three years 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 ALTCS 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. If a law enforcement entity has charged the DSP with any crime listed in A.R.S. §41-1758.03(B) or (C), the DSPs to report immediately:
- a. To the Service Provider; or
 - b. Independent Providers report to the Division
5. If Adult Protective Services has alleged that the DSP abused, neglected, or exploited a vulnerable adult to report immediately:
- a. To the Service Provider; or
 - b. Independent Providers report to the Division.
- N.** The Division shall require Service Providers to comply with Fingerprint Clearance Card requirements as 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.

- O.** The Division shall require Service Providers to 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.
- P.** The Division shall require Respite Care Service Providers to:
 - a. Hold a current certification in Cardiopulmonary Resuscitation (CPR) and first aid; and
 - b. Have appropriate skills and training to meet the needs of each Member assigned to them.
- Q.** The Division shall require Service Providers to obtain from DSPs three letters of reference, utilizing form Reference Request (DDD-0403A), with one letter from a former employer or contractor if the DSP has previous work history, and:
 - 1. Verify all references skills, and training; and
 - 2. Maintain the references and reference verification in the employees personnel or contract file.

- R.** The Division 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 Planning Document; and
 3. As authorized by the Support Coordinator.
- S.** The Division shall permit all HCBS included in the Member's Service Plan to be provided in conjunction with Respite while the Member is receiving Respite in their own Home.
- T.** The Division shall require Service Providers to provide Respite for Members with skilled nursing needs living in their own home, or an approved Alternative HCBS Settings, to be provided at the Member's level of medical need.
- U.** The Division shall offer Respite to be provided by skilled nursing services when it is determined to be medically necessary and cost effective.
- V.** The Division shall allow other HCBS services to be provided in conjunction with Respite in an Institutional Setting or Community Residential Setting as outlined in the Member's Planning Document,

when the tasks are not included within the scope of practice of the Setting.

- W.** The Division shall require Qualified Vendors who permit CDH and ADH licensees to provide Respite, to ensure Respite is within the:
1. Conditions as stated on the CDH or ADH license; and
 2. Parameters as outlined in Provider Manual Chapter 51.

SUPPLEMENTAL INFORMATION

1. Respite shall not be provided when the Member has been admitted to a hospital.
2. The Division may 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:
 - a. The Member's primary care provider approves and orders the Respite to be provided by a respiratory therapist;
 - b. 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

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

Vicki Copeland, MD

Signature of Chief Medical Officer

Vicki Copeland

Name

Mar 15, 2026

Date