

Division of Developmental Disabilities

POLICY NOTIFICATION

Early Notification Transmittal Date: Dec 24, 2025

Public Comment Transmittal Date: Jan 28, 2026

NOTIFICATION

DDD is proposing *changes to the following policy* :

Division Medical Manual, Policy 1250-D Respite

Description of *changes* :

Division Medical Manual Policy 1250-D has been significantly revised and expanded to bring it into alignment with current guidance, proposed language includes but is not limited to guidance for the following:

- Where Respite can be provided;
- Requirements for Direct Support Professionals;
- Provision of HCBS as included in the Member's Service Plan, in conjunction with Respite while the Member is receiving Respite in their own Home;
- Skilled nursing provision of Respite; and
- CDH and ADH licensees to provide Respite, to ensure Respite is within the conditions as stated on the CDH or ADH license.

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.

1250-D RESPITE

REVISION DATES: MM/DD/YY, 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 Rate Book; AzEIP

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.

2. "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.
- 5. “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. SERVICE REQUIREMENTS

- 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.

~~6. The Division shall require that Respite services do not exceed 600 hours per benefit year.~~

~~B. SERVICE PROVISION GUIDELINES (Respite)~~

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.

- ~~A. The federal government and the Arizona Health Care Cost Containment System (AHCCCS) set the upper limit of 600 hours per year regarding Respite services for members who are eligible for Arizona Long Term Care (ALTCS). Respite Service hours are determined on a yearly basis by the initial Individual Support Plan/Individualized Family Services Plan/Person Centered Plan process and periodic review of these documents.~~
- ~~B. Members who are eligible for Respite services funded by the state are subject to the availability of these funds. The continuation of Respite services is determined on a yearly basis through the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan process and periodic review of these documents. Respite services are intended to allow primary care givers a break and, as such, the assessment for Respite hours will need to be reconciled with the amount of time a primary caregiver usually provides support.~~

- ~~C. All hours of Respite utilized by the member/family will be tracked and reported. Respite hours for members who are eligible for ALTCS will be reported to AHCCCS. For Respite billing information see Department of Economic Security, Division of~~
- ~~D. Developmental Disabilities Rate Book located on the Division's website at:
<https://des.az.gov/services/disabilities/developmental-infant>~~
- ~~E. A negotiated rate will be applied for families who have more than one person eligible for Respite. This negotiated rate will be reported by the provider, with the total actual hours of service given to each member on the Uniform Billing Document. This method of rate setting will be applied when these members receive Respite at the same time. The hours used will be deducted by the Division from the authorized level of Respite for each person.~~
- ~~F. Families receiving Respite for a member eligible for services from the Division who wish other non-eligible members to receive care will be responsible for the costs of serving the non-eligible member. The Division will only pay for services delivered to members~~

~~authorized to receive such service and will pay the provider at a multiple client rate.~~

R. The Division shall permit, when Respite is provided in an Institutional Setting or an approved Alternative HCBS Setting, other ALTCS services may 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.

B. Service Description and Goals (Respite)

~~This service provides short term care to relieve caregivers. Members who are cared for by Respite providers must be eligible for supports and services through the Division. Respite providers may be required to be available on a 24-hour basis. Respite services are intended to relieve caregivers temporarily. Respite services are not intended as a permanent solution for placement or care.~~

- ~~1. The number of hours authorized for Respite services are to must be used for Respite services and cannot be transferred to another service.~~

C. SERVICE SETTINGS Service Settings (Respite)

~~The Division shall allow Respite may to be provided in any of the following settings:~~

- ~~a. The Member's home;~~

- ~~b. A Medicare/Medicaid-certified Nursing Facility;~~
- ~~c. A Group Home, Foster Home or Adult Developmental Home certified by the Division;~~
- ~~d. A certified Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID);~~
- ~~e. A provider's home that complies with the requirements of the Department of Health Services or the Division.~~

~~**D. SERVICE REQUIREMENTS Service Requirements (Respite)**~~

~~The Division shall require Qualified Vendors providing Respite to meet the following criteria:~~

- ~~a. Prior to accepting the service authorization to provide Respite to the Member, review the description of the Member's needs to assess whether the Qualified Vendor is able to meet the Member's needs during provision of Respite. Before Respite can be authorized, the following requirements must be met:
 - ~~A. Prior to initiating service, the provider shall meet with the primary caregiver to obtain necessary information regarding the member.~~
 - ~~b. During the provision of Respite, ensure the provider: shall:~~~~

- ~~i. Supervises the Member and meets their Member's social, emotional, and physical needs.~~
- ~~ii. Ensures the Member receives all prescribed medications in the ordered dose and time.~~
- ~~iii. Administers First Aid and gives appropriate attention to injury or illness.~~
- ~~iv. Supports nutrition, such as planning for preferred meals, preparing and cleaning up meals, and assistance with eating (e.g., following dietary protocols, positioning, monitoring for choking). Supplies food to meet daily nutritional needs, including any prescribed therapeutic diets.~~
- ~~v. Providing or assisting the Member to use transportation to participate in activities identified in the Planning Document and to attend medical appointments, visit family and friends, or participate in other desired activities. Furnishes transportation as needed to day programs and appointments.~~

- ~~vi. Carries out any programs as requested by the Planning Team.~~
- ~~vii. Reports any unusual incidents to the Division in accordance with policies and procedures.~~
- ~~viii. Ensures appropriate consideration of member needs, compatibility, and safety when caring for unrelated Members.~~

C. TARGET POPULATION Target Population (Respite)

~~Respite/, as a medically related social service, is appropriate based upon family needs, as written in the Individual Support Plan/Individualized Family Support Plan/Person Centered Plan (Planning Documents). Respite services are also, appropriate based on the following factors:~~

~~The Division shall cover Respite services based on the following criteria as applicable to the Member:~~

- ~~a. The primary caregiver is unable to obtain Respite and other supports from his/her immediate/extended family or other community resources.~~

- ~~b. The primary caregiver needs time to recover from abnormally stressful situations in order to resume their his/her responsibilities.~~
- ~~c. A Member with a developmental disability presents intense behavioral challenges or needs a high degree of medical care.~~
- ~~d. The primary caregiver is experiencing an emergency that temporarily prevents the performance of normal responsibilities.~~
- ~~e. The primary caregiver requires more frequent or extended relief from care responsibilities due to advanced age or disability.~~
- ~~f. The family is experiencing unusual stressors, such as care for more than one person who has a developmental disability.~~

~~F. EXCLUSIONS Exclusions (Respite)~~

~~Exclusions to the provision of Respite services may include any of the following:~~

~~Respite shall not substitute for routine Transportation, daycare, or another specific service.~~

~~Respite shall not substitute for a residential placement.~~

~~Respite providers shall not serve more than three people at one time.~~

X. 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.

~~Child Developmental Homes and Adult Developmental Home providers shall not give services to more Members than would exceed their Division license.~~

~~Child Developmental Homes and Adult Developmental Home Respite providers shall not provide Respite give services to children and adults simultaneously, unless otherwise specified in the provider's license. This is only allowed if stated on the license. Additionally, the provider shall not offer services to adults if the license is for children and vice versa.~~

~~Respite is not assessed for Members residing in a Community Residential Setting or an Institutional Setting, available for members living in Group Homes or an ICF/IID.~~

~~Assisted Living Centers, non state operated ICF/IID, Skilled Nursing Facilities, Level I or Level II Behavioral Health Facilities, and Members living independently are not approved for Respite.~~

D. Provider Types and Requirements (Respite)

Designated District staff will ensure all contractual requirements related to Respite providers are met before service can be provided.

Additionally, all providers of ALTCS services must be certified by the Division and registered with AHCCCS prior to service initiation.

Service Evaluation (Respite)

The Support Coordinator must continually assess the quality of the services provided to members with developmental disabilities in accordance with the mission statement.

Additionally:

A. The provider shall submit attendance reports summarizing the members served and the number of hours of service to the designated District representative. All incidents shall be reported to the Division within the required timelines.

B. The Support Coordinator and the Individual Support Plan/Individualized Family Services Plan/Person-Centered Plan team (Planning Team) shall determine the ongoing appropriateness of the service based upon the input from the providers and the member's caregiver(s).

Service Closure (Respite)

- ~~A. Respite shall terminate when the member begins to live independently or in a Group Home, Vendor Supported Developmental Homes or, Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) or Nursing Facility (NF).~~
- ~~B. Respite shall terminate when the family no longer desires the service.~~
- ~~C. Respite for members who are eligible for services through the ALTCS shall terminate when the maximum amount allowed has been used and there are no State funds available.~~

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.

Signature of Chief Medical Officer

Name

Date