

1250-D RESPITE

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

EFFECTIVE DATE: June 30, 1994

REFERENCES: [Rate Book](#); [AzEIP](#)

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

Service Settings (Respite)

Respite may 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.

Service Requirements (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. The provider shall:
 - 1. Supervise the member and meet their social, emotional, and physical needs.
 - 2. Ensure the member receives all prescribed medications in the ordered dose and time.
 - 3. Administer First Aid and give appropriate attention to injury or illness
 - 4. Supply food to meet daily nutritional needs, including any prescribed therapeutic diets.
 - 5. Furnish transportation as needed to day-programs and appointments.
 - 6. Carry out any programs as requested by the Planning Team.

7. Report any unusual incidents to the Division in accordance with policies and procedures.
8. Ensure appropriate consideration of member needs, compatibility, and safety when caring for unrelated members.

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:

- 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 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.

Exclusions (Respite)

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

- A. Respite shall not substitute for routine Transportation, daycare, or another specific service.
- B. Respite shall not substitute for a residential placement.
- C. Respite providers shall not serve more than three people at one time.
- D. Child Developmental Homes and Adult Developmental Home providers shall not give services to more members than would exceed their Division license.
- E. Child Developmental Homes and Adult Developmental Home Respite providers shall not give services to children and adults simultaneously. 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.
- F. Respite is not available for members living in Group Homes or an ICF/IID.
- G. 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.

Service Provision Guidelines (Respite)

- 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.
- D. For Respite billing information see Department of Economic Security, Division of 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.

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 on-going 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.