

BSW 730 Services: Respite Care

February 5, 2021

DEFINITION

Respite care is ~~a temporary~~, short-term, temporary, or intermittent care provided to members in need of supportive care to relieve those persons ~~who normally provide the care.~~ It is intended to provide respite to primary caregivers residing in the member's household.

Respite care is only ~~utilized~~ used to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, hospitals, group homes, ~~or~~ residential hospice facilities.

SERVICE REQUIREMENTS

Respite care must meet the following criteria:

- ~~Respite care services provided through Big Sky Waiver can only be accessed after a member has twice utilized respite care services through the Lifespan respite grant.~~
1. Be provided only on a short-term, ~~or~~ temporary, or intermittent basis such as part of a day, week, month, and weekends, or vacation periods.
2. Be provided in the member's residence or by placing the member in another private residence, adult residential setting, or other community setting, hospital, residential hospice, group home, therapeutic camp for children and adults with disabilities, or licensed nursing facility.
2. ~~Respite care providers must be determined by the case management team to be:~~
 - a) ~~Physically and mentally qualified to provide the respite care; and~~
 - b) ~~Aware of emergency assistance systems~~
- ~~Persons who provide respite care may also be required by the case management team to have knowledge of the member's physical and mental conditions, medications, and be capable of administering basic first aid.~~
- ~~Individuals who take time off from their primary employment to provide respite to a member's primary caregiver may be eligible as a respite care provider.~~
4. ~~Persons who provide respite care may not reside in the immediate household of the member, unless an individual in the immediate household is taking time off from their primary job to provide respite care for the primary caregiver.~~

Commented [KL1]: Is this true? Did I capture this correctly in the notes?

Commented [KL2]: Should we add, "including family members" here?

Commented [KL3]: A note that people who share the household do not necessarily share caregiving abilities. The clause related to taking time off of work may address this, and I understand the intent is so that the hh isn't getting paid for respite care when those members would be providing it anyway (or could be providing it anyway), but I can imagine a multi-gen hh where there are multiple adults but only one that is the primary caregiver and others are employed elsewhere.

Commented [KL4]: Does this map to your memory as well, Kirsten? These two concepts were conflated in the discussion, so I want to make sure we get it right. It seems fair that a family member who is not a primary caregiver who is taking time off of their job should be eligible to provider respite care even though the intention is for this to be people outside of the immediate household.

5. ~~When respite care is provided, the provision of, or payment for other duplicative services under HCBS is precluded (e.g., payment for respite care when member is in Adult Day Care).~~
6. ~~If a member requires assistance with Activities of Daily Living (ADLS) during the respite hours, a personal assistant should be used under State Plan or HBS Personal Assistance services. Refer to HCBS 722.~~
- 7.3. Be age appropriate as it relates to children (e.g., not ~~day-child~~ care).

SERVICE LIMITATIONS

1. Respite care is limited to no more than 30 consecutive days.
2. When respite care is provided, the provision of, or payment for other duplicative services under the Big Sky Waiver is precluded (e.g., payment for respite care when member is in Adult Day Care).
3. If a member requires assistance with Activities of Daily Living (ADLs) during the respite hours, a personal assistant should be used under State Plan or Big Sky Waiver Personal Assistance services. Refer to BSW 722.

PROVIDER REQUIREMENTS

1. Respite care providers must be determined by the case management team to be:
a) Physically and mentally qualified to provide the respite care; and
b) Aware of emergency assistance systems.
2. Persons who provide respite care may also be required by the case management team to have knowledge of the member's physical and mental conditions, medications, and be capable of administering basic first aid.
3. Persons who provide respite care may not reside in the immediate household of the member.

REIMBURSEMENT LIMIT

When respite care is provided by a nursing facility, reimbursement may not exceed the specific facility's Medicaid per diem rate (unless otherwise negotiated by the Department for CC3 members).

~~When if~~ respite care is ~~provided~~ required in a hospital ~~or adult residential~~ setting, the case management team ~~should contact the central office(CMT) can negotiate the rate that may include room and board.~~
Refer to HCBS 699 B.

Commented [KL5]: Verify this is still true and a valid reference number.