

1250-D - RESPITE CARE

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I. PURPOSE

This Policy applies to ALTCS E/PD ALTCS DES/DDD Contractors, and Fee-For-Service (FFS) Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for coverage of Respite Care as a short term service for ALTCS members residing in their own home.

II. DEFINITIONS

**ALTERNATIVE HOME AND
COMMUNITY BASED
SERVICES (HCBS)
SETTING**

A living arrangement where a member may reside and receive HCBS. The setting shall be approved by the director, and either:

1. Licensed or certified by a regulatory agency of the state, or
2. Operated by the IHS, an 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.

The possible types of settings include:

1. For a person with a developmental disability:
 - a. Community residential settings per A.R.S. 36-551 such as,
 - i. Group homes,
 - ii. State-operated group homes,
 - iii. Developmental homes,
 - b. Adult behavioral health therapeutic homes,
 - c. Behavioral health residential facilities,
 - d. Behavioral health respite homes, and
 - e. Substance abuse transitional facilities.
2. For a person who is Elderly and Physically Disabled (E/PD):
 - a. Adult foster care homes,
 - b. Assisted living homes or assisted living centers, units only,
 - c. Adult behavioral health therapeutic homes,
 - d. Behavioral health residential facilities,
 - e. Behavioral health respite homes, and
 - f. Substance abuse transitional facilities.

**DIRECT CARE WORKER
(DCW)**

A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home. These individuals, also known as Direct Support Professionals, shall be employed by DCW Agencies or, in the case of member-directed options, by ALTCS members, in order to provide services to ALTCS members. The DCW Agency or ALTCS member, in the case of member-directed options, establishes terms of employment.

SERVICE PLAN

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.

III. POLICY

Respite Care is provided as an interval of rest and/or relief to a family member or other individual caring for an ALTCS member. Respite Care may be provided by a respite provider coming to the member's home, or by admitting the member to a licensed institutional facility or an approved Alternative HCBS setting for the respite period. An individual who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their own home (including respite services) shall be employed/contracted by a provider agency, or in the case of member-directed options (as specified in AMPM Chapter 1300), by ALTCS members, in order to provide such services to ALTCS Members.

1. When Respite Care is provided for a period of less than 12 hours, regardless of the date during which the respite began, the Respite Care is authorized according to the number of units provided.
 - a. The unit of service is 15 minutes for short-term Respite Care less than 12 hours,
 - b. When Respite Care is provided for 12 – 24 continuous hours regardless of the date during which the respite began, the Respite Care is authorized at a per diem rate, and
 - c. The combined total of short-term and/or continuous Respite Care cannot exceed 600 hours per benefit year. The benefit year is defined as a one year time period of October 1st through September 30th. The 600 hours are inclusive of both behavioral health and ALTCS (physical health) Respite Care. Refer to AMPM Policy 310-B for further information on Behavioral Health Respite Care.

2. Respite Care may only be delivered as specified in the member's Service Plan and as authorized by the member's case manager. Respite Care includes, but is not limited to:
 - a. Supervision of the member for the respite period,
 - b. Provision of services during the Respite Care period which are within the respite provider's scope of practice, and
 - c. Provision of activities and services to meet the social, emotional, physical and behavioral needs of the member during the Respite Care period.

3. If Respite Care is provided by one of the facilities/agencies listed below, that facility/agency shall be licensed by the Arizona Department of Health Services, and shall be Medicare certified when applicable:
 - a. Nursing facilities and Intermediate Care Facilities for persons with intellectual disabilities,
 - b. Adult day health facilities provided the criteria is met below,
 - c. Approved Alternative HCBS settings included in AMPM Section 1230, and
 - d. Home Health Agencies.

4. In order to participate in group respite care in Adult day health facilities, members shall be:
 - a. Continent of bowel and bladder or able to provide self-care,
 - b. Ambulatory, or if a wheelchair user, be self-propelling and need only standby assistance for transfer,
 - c. Able to attend respite programs without the need of medications while in program, or be able to self-administer medications,
 - d. Not in need of any licensed services during program's daily operation, if licensed personnel are not included in the provider's staffing for the group respite program, and
 - e. Not a danger to himself/herself or others.

5. No later than October 01, 2019, provider agencies shall develop policies and procedures for, and begin conducting background checks of, Direct Care Workers (DCWs) that comply with the following standards:
 - a. At the time of hire and every three years thereafter conduct a nationwide criminal background check that accounts for criminal convictions in Arizona,
 - b. At the time of hire and every year thereafter, conduct a search of the Arizona Adult Protective Services Registry, and
 - c. Prohibit a DCW 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.
 - d. Upon hire and annually thereafter, obtain a notarized attestation from the DCW that he/she is not:
 - i. Subject to registration as a sex offender in Arizona or any other jurisdiction, or
 - ii. 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. §41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.
 - e. Require DCWs to report immediately to the agency if a law enforcement entity has charged the DCW with any crime listed in A.R.S. §41-1758.03(B) or (C),
 - f. Require DCWs to report immediately to the agency if Adult Protective Services has alleged that the DCW abused, neglected, or exploited a vulnerable adult,

10. If Respite Care is provided in the member's own home, all HCBS included in the member's Service Plan may be provided in conjunction with Respite Care. Examples are as follows:
- a. If the member is receiving personal care services, he/she may continue to receive this service in conjunction with the Respite Care. However, if the service is included in the scope of practice of the Respite Care provider, it is included as a part of the unit rate for Respite Care and is not billed separately, and
 - b. If the member requires home health skilled nursing services, the services may be provided in conjunction with Respite Care, but are billed/reported separately by the Home Health Agency.

When Respite Care is determined necessary for members with skilled nursing needs living in their own home, or an approved Alternative HCBS setting, Respite Care shall be provided at the member's level of medical need. Respite Care may be provided by private duty skilled nursing services, if available and when determined to be medically necessary and cost effective.

11. If skilled nursing personnel are unavailable to provide Respite Care to members with respiratory care needs (such as ventilator dependent members), Respite Care may be provided by a respiratory therapist when the following conditions are met:
- a. The member's primary care provider shall approve/order the Respite Care by the respiratory therapist,
 - b. The member's care requirements shall 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 the member.