

Respite is a covered service meant to prevent a crisis or any negative physical or emotional effects for the family caregiver and child. It is designed to ensure the well-being of the family by providing a time for rest and relief for the family caregiver while engaging the child in meaningful activities.

Respite can take place in the caregiver's own home or in other settings. The child and caregivers may interview and choose the provider of respite based on training level and availability. Family caregivers may hire a family member, friend, babysitter, or teacher, over the age of 18 who has met the qualifications and is contracted and or employed by a licensed respite agency.



Respite may be planned or unplanned. If unplanned respite is needed, agency personnel will assess the situation with the caregiver and recommend the appropriate setting for respite.

Contact your health plan to request respite.

Other facts about respite:

- Respite is available twenty-four hours a day, 365 days per year.
- Members are eligible for a combined total of 600 hours per benefit year (Oct. 1 – Sept. 30); this includes both behavioral health respite and ALTCS respite care.
- Respite may be carried over from month to month, but not from benefit year to benefit year.
- The respite goals, setting, frequency, duration and intensity of the service are defined in the child's service plan.

Types of respite:

- **In-home:** trained individual(s) come into the home to provide respite.
- **Out-of-home:** an opportunity for the child to spend time outside of the home.
 - o Family/Community-Based Respite - a licensed provider's home permits the child to receive services in a more familiar setting.
 - o Facility-Based Respite - day and night supervision by trained staff. Activities are provided throughout the stay and may include trips within the community.
 - o Emergency Respite - when a caregiver becomes ill, cannot provide care, cannot prevent the worsening of a crisis, or when a child is being discharged and a safe setting has not been identified, allowing time for outside interventions to be put in place.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.