I. PURPOSE

This Policy applies to ALTCS/EPD, DES/DDD Contractors, Fee-For-Services (FFS) and Tribal ALTCS as delineated within this Policy. This Policy establishes guidelines regarding coverage of respite care as a short term service for ALTCS members residing in their own home.

II. DEFINITIONS

RESPITE CARE A service that provides short-term care and supervision to relieve primary caregivers. In the ALTCS program, it is a service provided in a NF or an HCBS setting to an individual if necessary to relieve a family member or other person caring for the individual.

III. POLICY

A. AMOUNT, DURATION AND SCOPE

Respite services are provided as an interval of rest and/or relief to a family member or other person 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 Home and Community Based Services setting for the respite period.

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. For DES/DDD, the 600 hours are inclusive of both behavioral health and ALTCS respite care.
2. Respite care may only be delivered as specified and authorized by the member’s case manager in the member’s Service Plan. Respite care includes, but is not limited to:
   a. Supervision of the member for the period of time authorized by the case manager,
   b. Provision of services during the respite period which are within the respite provider’s scope of practice, are authorized by the member’s case manager, are included in the member’s Service Plan, and
   c. Providing activities and services to meet the social, emotional, and physical needs of the member during the respite period.

3. If respite care is provided by one of the facilities/agencies listed below, that facility/agency must be licensed by the Arizona Department of Health Services, and Medicare certified when applicable.
   a. Nursing care institutions,
   b. Adult day health care providers,
   c. Approved Alternative HCBS settings included in AMPM Policy 1230, and
   d. Home Health Agencies (HHA).

4. 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 care) must be employed/contracted by a provider agency in order to provide respite care to ALTCS Members.

5. No later than October 01, 2018, provider agencies must 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,
g. Agencies may choose to allow exceptions to the background requirements for DCWs providing services to family members only. If the agency allows a DCW to provide services under this exception, the agency shall:
   i. Notify the ALTCS member in writing that the DCW does not meet the background check standards and therefore otherwise would not normally be allowed to provide services, and
   ii. Obtain consent from the ALTCS member to allow the DCW to provide services despite the findings of the background check.

h. Agencies are prohibited from allowing exceptions to the Arizona Adult Protective Services Registry screening requirements for DCWs providing services to family members only.

6. Effective October 01, 2018 provider agencies required to comply with Fingerprint Clearance Card requirements outlined in A.R.S. Title 41, Chapter 12, Article 3.1., and may use a DCW’s Fingerprint Clearance Card as evidence of complying with the criminal background check required by this Policy, however, the agency must still comply with the obligation to check the Arizona Adult Protective Services Registry. DCWs are prohibited from providing services to ALTCS members if the DCW 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.

7. At a minimum, individuals who provide respite care must hold a current certification in Cardiopulmonary Resuscitation (CPR) and first aid, and have appropriate skills and training to meet the needs of each member assigned to them.

8. When respite is provided by a DCW agency all DCWs are required to submit three letters of reference, one of which must be from a former employer/contractor if the DCW has previous work history. All references, skills and training must be verified and documented in the employee’s personnel/contract file.

9. If respite care is provided in an institutional setting or an approved Alternative HCBS setting, other ALTCS services may be provided, as allowed in the specific setting and if included in the member’s Service Plan. Examples are as follows:
   a. If the member resides in his/her own home and is authorized to receive home health skilled nursing services but is receiving respite care from a Nursing Facility (NF), the facility may provide nursing services but the services will be included in facilities’ per diem, and
   b. If the member also requires home health therapy services, the NF may provide the services, but because therapy is not part of the NF per diem, the services should be billed/reported in addition to the per diem rate. Refer to AMPM Policy 1210 for additional information regarding institutional services and AMPM Policy 1240 for information related to HCBS.
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 must 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 must approve/order the respite care by the respiratory therapist,
   b. The member’s care requirements must 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 must be provided by the usual caregiver or the member.