

1915(i) Policy

Respite Care 510-08-65-40

Service Title: Respite Care Service

Service Definition (Scope)

Respite care is a service provided to an individual unable to care for himself/herself. The service is furnished on a short-term basis to provide needed relief to, or because of the absence of, the caregiver including, but not limited to, the biological kin, pre-adoptive, adoptive, foster parent, and legal guardian.

This service is available to individuals Age 0 to Age 21 and not available to individuals Age 21 and older.

Respite care services are available to individual receiving the HCBS benefit who are residing in his or her family home (biological or kin), legal guardian's home, pre-adoptive/adoptive, or foster home. Respite care may include hourly, daily and overnight support.

An individual's need for initial and continued services shall be discussed at each 1915(i) person-centered plan of care meeting and formally evaluated during the WHODAS 2.0 functional needs assessment as part of the initial and annual reevaluation and service authorization/reauthorization process. The care coordinator must document a need for the service to support an individual's identified goals in the person-centered plan of care and document the individual's progress toward their goals. The respite care provider must provide a monthly update to the care coordinator. Agencies must have records available for NDDHHS to review documentation that individual providers have knowledge of and competency in person-centered plan implementation.

Respite care services may be provided in the individual's home/private place of residence, foster home, the private residence of the respite care provider, or any respite care program located in an approved community-based setting and licensed by the NDDHHS.

Persons and agencies providing respite care services must comply with all state and federal standards. A relative related by blood, marriage, or adoption, who is not the legal guardian, and does not live in the home with the individual, is eligible to apply for enrollment as a 1915(i) individual respite care provider under the affiliation of a 1915(i) group provider of respite care.

Respite care service activities include:

- Assistance with daily living skills
- Assistance with accessing/transporting to/from community activities

- Assistance with grooming and personal hygiene
- Meal preparation, serving, and cleanup
- Administration of medications
- Supervision
- Recreational and leisure activities

The activities contained in the service description is what CMS allows reimbursement for. The following are not reimbursable to the provider:

- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking an individual's eligibility.
- *Client not present.* The client must always be present with the provider for reimbursement to occur.
- *Services provided to a non-eligible individual.* Providers are responsible for confirming individual eligibility prior to delivering each service.
- *Services provided by a non-qualified provider.* Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided to an individual not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.

Service Limits

There is a monthly maximum of 40 hours (160 units) for this service and an annual maximum of 480 hours per calendar year. Routine respite care may include hourly, daily, and overnight support.

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the individual's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHHS. All requests to exceed limits must initiate with the care coordinator. The service will not go beyond 30 consecutive days when additional hours through the exception process are approved.

Respite care shall not be used as day/childcare to allow the caregiver to go to work or school. Respite care services do not include on-going day care or before or after school programs.

Payments will not be made for the routine care and supervision which would be expected to be provided by a caregiver for activities or supervision for which payment is made by a source other than Medicaid.

Respite care services are not available to individuals residing in institutions including, but not limited to, Qualified Residential Treatment Provider facilities (QRTP) and Psychiatric Residential Treatment Centers (PRTF).

Respite care is only available to primary caregivers in family settings. This service cannot be provided by individuals living in the home.

Receipt of respite care does not necessarily preclude an individual from receiving other services on the same day. For example, an individual may receive supported employment on the same day as he/she receives respite care.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source including Federal, state, local, and private entities. For the 1915(i) Respite Care service to be entered on the 1915(i) Plan of Care, the care coordinator must first verify that services are not duplicated.

Payment may not be made for respite care furnished at the same time when other services that include care and supervision are provided. Payments will not be made for the routine care and supervision which would be expected to be provided by family for activities or supervision for which a payment is made by a source other than Medicaid.

See the 1915(i) Service Duplication Policy.

Care Coordinator Responsibility to ensure nonduplication with 1915(c) Waivers

Individuals receiving respite care or in-home supports through a HCBS 1915(c) Waiver, Medically Fragile, Autism, Children's Hospice, or Aged/Disabled Waiver, are not eligible to receive respite care services through the 1915(i).

To avoid service duplication with 1915(c) Waiver services, the care coordinator will contact the State Medicaid Office to inquire if the individual has any eligibility spans for any of the C Waivers in MMIS. If yes, the care coordinator will reach out to the C Waiver authority and do due diligence to ensure the 1915(i) Plan of Care will not include services the individual could receive through the 1915(c) Waiver.

If an individual is enrolled in both the 1915(i) and a 1915(c) Waiver and is in need of this service which is offered in both, the individual is required to access the service through the 1915(c) Waiver rather than the 1915(i).

See the "Avoiding Service Duplication with 1915(c) Waivers" section of the 1915(i) Service Duplication Policy for specific requirements.

Care Coordinator responsibility to ensure nonduplication with IDEA

Respite care cannot be used to provide services to an individual while eligible to receive Part B services of Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and could otherwise gain support through the North Dakota Department of Public Instruction.

Services provided through Medicaid 1915(i) must not be duplicated by services provided in IDEA.

Prior to entering the respite service to the 1915(i) Plan of Care for service authorization, the care coordinator must confirm with the North Dakota Department of Public Instruction there is not duplication with IDEA. Justification that services are not otherwise available to the individual through IDEA must be documented in the individual's record and kept on file.

See the "Avoiding Service Duplication with Children's Education Services (IDEA)" section of the 1915(i) Service Duplication Policy for specific requirements.

Care Coordinator responsibility to ensure nonduplication with Children's Foster Care Services

1915(i) services may be furnished to children in foster care living arrangements but only to the extent that 1915i services supplement maintenance and supervision services furnished in such living arrangements and 1915i services are necessary to meet the identified needs of children. 1915i funds are not available to pay for maintenance (including room and board) and supervision of children who are under the state's custody, regardless of whether the child is eligible for funding under Title IV-E of the Act. The costs associated with maintenance and supervision of these children are considered a state obligation. When 1915(i) Respite Care is furnished for the relief of a foster care provider, foster care services may not be billed during the period that 1915(i) Respite Care is furnished.

To avoid service duplication with children's foster care services, the care coordinator will contact the State Medicaid Office to inquire if the individual has any eligibility spans for foster care in MMIS. If yes, the care coordinator will reach out to the foster care authority and do due diligence to ensure the 1915(i) Plan of Care will not include services the individual could receive through foster care.

See the "Avoiding Service Duplication with Children's Foster Care Services" section of the 1915(i) Service Duplication Policy for specific requirements.

Conflict of Interest

See the 1915(i) Conflict of Interest Standards Policy.

Remote Support

Remote support service delivery is not applicable to this service.

Provider Qualifications

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Respite Care.

A group provider of this service must:

1. Have one of the following licenses:
 - Licensed Child Placing Agencies licensed under 75-03-36;
 - Supervised Independent Living Programs licensed under NDAC 75-03-41;
 - Child Care Centers licensed under NDAC 75-03-10;
 - Providers licensed by the NDDHHS, Division of Developmental Disabilities under 75-04-01;
 - Qualified Residential Treatment Program Providers licensed by the NDDHHS, Children and Family Services Division under 75-03-40 and enrolled as a 1915(i) Medicaid provider of Home and Community-Based Behavioral Health Services;
 - Psychiatric Residential Treatment Facility Providers licensed by the NDDHHS, Behavioral Health Division under NDAC 75-03-17 and enrolled as 1915(i) Medicaid Provider of Home and Community-Based Behavioral Health Services;
 - Providers licensed by the NDDHHS under 75-05-00.1 Human Service Center Licensure; or
 - Substance Abuse Treatment Program licensed under NDAC 75-09.1.
2. Have a North Dakota Medicaid provider agreement and attest to all of the following:
 - individual practitioners meet the required qualifications;
 - services will be provided within their scope of practice;
 - individual practitioners will have the required competencies identified in the service scope;
 - agency conducts training in accordance with state policies and procedures; and
 - agency adheres to all 1915(i) policies and procedures including, but not limited to, individual rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for NDDHHS review upon request.

Provider Type: Individual

The individual provider of the service must be:

1. be employed by an enrolled ND Medicaid provider of this service.
2. at least 18 years of age.

Individual respite care providers are not required to be QSPs or licensed.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of 1915(i) Respite Care

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed only. Self-directed respite care is not available through the 1915(i).

Payment Rate

The client must be present to bill for this service.

Respite care is a 15-minute rate. The rates are published on the Department's website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See the 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See the 1915(i) Medical Records Policy.

Person Centered Service Delivery

Respite care service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge and competency in the following:

- Person-Centered Plan Implementation

See the 1915(i) Person-Centered Care Policy.

Person-Centered Plan of Care

See the 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See the 1915(i) HCBS Settings Rule Policy.

Service Authorizations and Claims

Respite care is the only 1915(i) service subject to Electronic Visit Verification (EVV) regulations. The department has contracted with Therap to provide the EVV system. The link to the Therap EVV website is located on the 1915(i) website. *See the 1915(i) Electronic Visit Verification Policy.*

All 1915(i) services must receive prior authorization.

1915(i) Respite Care providers will submit the service authorization in both MMIS and Therap. Providers will submit the service authorization in MMIS first. Medical Services will review and approve the service authorization in MMIS, and then the provider will enter the service authorization into the Therap system. The entry into Therap is required due to the EVV requirements. Medical Services will not need to approve the service authorization in Therap because it has already been approved in MMIS.

1915(i) Respite Care providers will enter claims into the Therap system. The Therap system will merge the claim with MMIS, and the claim will be paid through MMIS.

See the 1915(i) Service Authorization Policy and Claims Policy.