

Home and Community Based Services Manual

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RESPITE CARE – AGED AND DISABLED WAIVER

Respite Care (RC) services are maintenance and supervisory services provided to a participant in the individual's residence to provide relief to the caregiver(s) that normally provides and/or arranges care. RC can be authorized in two (2) categories: basic and advanced.

- ◆ Authorization of RC is funded through the Medicaid Aged and Disabled Waiver (ADW) *only*.
- ◆ All RC participants must meet the following eligibility criteria:
 - At least 63 years of age;
 - In active Medicaid status (see [Policy 2.00](#));
 - Participants who are eligible for Medicaid on a spenddown basis may be authorized to receive RC services during periods when they meet their spenddown liability.
 - A participant is responsible for the cost of services received during periods of time when they have **not** met their spenddown liability.
 - Authorization of RC does meet the requirement for an individual to be eligible for Home and Community Based (HCB) Medicaid.
 - Have an appropriate Medicaid Eligibility (ME) code (see Policy 2.00, Appendix 3); and
 - Meet nursing facility level of care;
 - RC participants must have a designated caregiver(s), regularly responsible for providing and/or arranging the care of the participant.
- ◆ RC shall be included in the overall cost of care for the participant (see [Appendix 2](#)).
 - RC has no cost cap, but prior approval is needed from the Bureau of Long Term Services and Supports (BLTSS) if the overall cost of care will exceed 100% of the average statewide monthly cost for care in a nursing facility.

NOTE: When the care plan includes an authorization for RN services, the cost of one RN visit shall be excluded from the calculation of a care plan's cost.

- When the combination of State Plan and Aged and Disabled Waiver services exceed the 100% cost maximum:
 - The appropriate supervisor for the Division of Senior and Disability Services (DSDS) staff shall review all Person Centered Care Plan requests over the 100% cost cap to ensure the participant's unmet needs require the amount of service requested.
 - If documentation supports the request, the case shall be forwarded to the BLTSS for consideration and approval **prior to** authorization over the 100% of the cost cap.
 - Pending the approval from BLTSS to exceed the cost cap, RC services in combination with other State Plan or ADW services can be authorized up to the

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100% of the cost cap.

- Once approval from BLTSS is given, the ADW portion of the care plan may be authorized to exceed the 100% of the cost cap while all other State Plan services are subject to the cost cap or their respective requirements.
- While it is a requirement to get approval from BLTSS of an initial request to exceed the monthly cost maximum by the amount of the waiver services, there is no requirement to request BLTSS approval for an increase in the ADW service.
- ◆ RC is provided by HCBS providers that are enrolled as an Aged and Disabled Waiver provider with the Department of Social Services (DSS), Missouri Medicaid Audit and Compliance Unit (MMAC). Payment is made to the HCBS provider on behalf of the participant.
- ◆ Caregivers are broadly defined as family members, friends or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition.
 - The individual providing services is an employee of the HCBS provider and cannot be a member of the immediate family of the participant. An immediate family member is defined as a parent; sibling; child by blood, adoption, or marriage; spouse; grandparent or grandchild.
- ◆ Restrictions:
 - Individuals who reside in a nursing facility, Residential Care Facility (RCF), or Assisted Living Facility (ALF) licensed by DHSS, Division of Regulation and Licensure (DRL), are **not** eligible for RC.
 - Participants authorized for certain services through the Department of Mental Health (DMH) may not be eligible for services as outlined in this policy. Staff shall refer to the Service Coordination Policy for guidance on coordination of services for participants authorized for DMH services (see [Policy 4.35](#)).
 - Participants who receive Medicaid due to eligibility for Blind Pension (BP) are **not** eligible for RC services.
 - Participants in a ‘Transfer of Property penalty’ are **not** eligible for RC services.
 - Participants receiving services through any other HCBS waiver are not eligible for RC services funded through the ADW.
 - RC cannot be authorized to relieve a paid caregiver e.g. aide, attendant, home health staff, private pay staff.
- ◆ RC services shall include the following activities:
 - Supervision - Personal oversight of the participant for the duration of the service period including making a reasonable effort to assure the safety of the participant and to assist the participant in meeting his/her own essential human needs. Sleeping is permitted when the participant is asleep, provided there is no indication that the condition of the participant would pose a risk if the participant awoke while the RC

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worker was sleeping. The RC worker must be in close proximity to the participant during a sleeping period.

- Companionship - Provided during the participant's waking hours to make the participant as comfortable as possible.
- Direct participant assistance - Provided to meet needs usually provided by the regular caregiver.

Basic Respite service is provided to participants with non-skilled needs who are unable to perform their activities of daily living (ADL's) and are intended to offer periods of caregiver relief. Basic Respite services shall not be authorized when the more appropriate HCBS required on a regular basis is Personal Care (PC) and Homemaker services. It is *not required* for the caregiver to live with the participant.

- ◆ **Basic Respite Care:** is a unit that is defined as fifteen (15) minutes.

Advanced Respite service is provided to participants with special care needs, requiring a higher level of personal oversight. Advanced Respite care is provided in that individual's residence for the purpose of relief to a caregiver who *lives with* the participant.

- Participants appropriate for Advanced Respite care include, *but are not limited to*:
 - Participants who are essentially bedfast, and require specialized care involving turning and positioning, including assistance with mechanical transfer equipment; and/or assistance with elimination, including the use of a urinal, bedpan, catheter, and/or ostomy.
 - Participants who have behavior disorders resulting in disruptive behavior especially due to dementia/Alzheimer's disease which requires close monitoring.
 - Participants who have health problems requiring manual assistance with oral medications; and/or participants who have special monitoring and assistance needs due to swallowing problems.

- ◆ **Advanced Respite Care:** A unit is defined as fifteen (15) minutes.

NOTE: In summary, additional HCBS may be authorized on the same day as Basic Respite Care and/or Advanced Respite Care. However, the additional HCBS shall not be authorized during the same time as the authorized RC services.

- RC shall never be authorized in place of a more appropriate service, e.g. Personal Care or Homemaker.