

Respite

NFOCUS Service Codes

Respite Care 7395

TBI Respite 3471

Respite In-Home 1113

TBI Respite In-Home 6688

Service Definition

Respite is a service for adults and children on the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) and the Traumatic Brain Injury (TBI) Waiver. It offers temporary care to relieve the usual caregiver from continuous support and care responsibilities. Respite service is authorized as either in or out of a participant's home.

- A. Respite Care or TBI Respite is provided in a setting approved or licensed by the Nebraska Department of Health and Human Services (DHHS), such as the private residence of a respite service provider, a licensed assisted living facility, a licensed respite facility, or other community setting. It is not provided in a participant's home. If provided by a hospital or other facility, the participant is not considered a facility resident.
- B. Respite In-Home or TBI Respite In-Home is provided in a participant's home by an approved provider and can include social or recreational activities in the community.

Components of Respite (all service codes) include supervision, tasks related to the individual's physical needs, tasks related to the individual's psychological needs, and social or recreational activities.

Conditions of Provision

- A. The need for Respite must be identified during participant assessment and included in the person-centered plan (PCP).
- B. When the need for Respite is identified, the amount authorized is based on the assessment of several factors such as the availability of informal support, the potential for abuse/neglect, and caregiver health status.
- C. Waiver coverage of Respite is limited by an annual maximum of either days or hours, as determined by DHHS.
 - 1. No more than 360 hours or 60 days for all Respite and Respite In-Home may be authorized within the participant's annual eligibility period.
 - 2. A day equals six or more hours of care at one time.
- D. Respite may be authorized for one or more of the following situations:
 - 1. An emergency or crisis arises which:
 - a. Requires the usual caregiver's absence; or
 - b. Places an unusual amount of stress on the usual caregiver.
 - 2. The usual caregiver requires health services including, but not limited to, dental care, doctor appointments, hospitalization, or temporary incapacity of caregiver.
 - 3. The usual caregiver needs relief for regular, prescheduled, personal activities including, but not limited to, time to study, religious services, grocery shopping, or club meetings.
 - 4. The usual caregiver requires irregular periods of "time out" for rest and relaxation.


5. Usual caregiver vacation.
- E. Respite is not used to allow the usual caregiver to accept or maintain employment or pursue a course of study designed to fit the caregiver for paid employment or professional advancement.
- F. The participant must never be left alone during Respite services.
- G. Meals or snacks are provided by the provider at appropriate times to comply with participant's dietary needs.
- H. Federal Financial Participation may not be claimed for room and board for Respite In-Home.
- I. A participant cannot be authorized to receive this service at times that overlap with Companion Service, Adult Day Health, Personal Care, Extra Care for Children with Disabilities, or Non-Medical Transportation Services.
- J. The services under the AD and TBI waivers are limited to additional services not otherwise covered under the Medicaid state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Provider Requirements

- A. All providers of waiver services must:
 1. Be a Medicaid provider;
 2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;
 3. Adhere to standards described in the Division of Medicaid and Long-Term Care Service Provider Agreement;
 4. Complete DHHS trainings upon request; and
 5. Use universal precautions.
- B. Respite services may be provided by an individual or agency.
- C. Each agency provider must:
 1. Employ staff based on their qualifications, experience, and demonstrated abilities;
 2. Provide training to confirm staff are qualified to provide the necessary level of care;
 3. Agree to make training plans available to DHHS; and
 4. Ensure adequate availability and quality of service.
- D. TBI Waiver providers must complete DHHS-approved TBI training before providing Respite.
- E. Providers of Respite In-Home must have an operational electronic visit verification (EVV) system which allows the check-in and out of service appointments electronically.
- F. Providers of Respite In-Home must have adequate computer skills and access to the technology for the EVV system.
- G. Providers of Respite provided outside of the participant's home must ensure their home or facility is accessible, safe for the participant and must meet standards established by the Final Settings Rule for provider-owned and operated settings and have it documented at least annually with their Resource Developer (RD).

Rates

- A. Rates for individual providers are established by DHHS and may change annually.
- B. Rates for agency providers are set on an individual provider basis through a negotiation process between the provider and the RD.
 1. Rates are reviewed annually at the time the provider's annual agreement is scheduled to end.
 2. Agency providers may request renegotiation when a participant's care needs have increased.
 3. Rate negotiating considers the level of participant service needs, skill level of the provider, and geographic location.

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4. Rates are established based on usual and customary rates that are not more than the provider would charge a private-paying individual.
- C. Frequency of service is hourly or daily dependent upon the setting in which the service is provided.
1. In-Home service is billed hourly.
 2. The service outside of the participant's home may be billed by hours or days.
 - a. Six or more hours provided outside the participant's home must be paid at a day rate unless that option is not offered by the provider to private-pay families.