

**Respite Care-Pediatric Non-LTSS**

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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**Disclaimer**

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

**POLICY STATEMENT**

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

**PURPOSE**

This policy outlines Highmark Health Options reimbursement for respite care for non-LTSS pediatric members, age 20 and younger.

**DEFINITIONS**

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

**Respite Services** – Services provided on a short-term basis to allow temporary relief from caretaking duties for a child’s primary unpaid caregiver, parent, court-appointed guardian, or foster parent.

**Medically Complex Conditions** – One or more chronic conditions related to three or more organ systems. The condition impairs cognitive or physical functions and demands treatment including but not limited to medication, therapy, or surgery.

**Emergency Respite Care** – The immediate placement of a trained, in-home respite care worker in the home during an emergency or unplanned event, or during a temporary placement outside the home, to substitute for the primary caregiver.

### PROCEDURES

Prior authorization is required.

Coverage of a pediatric respite benefit as a Section 9817 HCBS Spending Plan initiative for individuals up to age 21 who are not receiving respite through DSHP Plus, PROMISE or the Lifespan 1915(c) waiver. This new pediatric respite benefit will be provided for children with a physical health or behavioral health condition affecting their ability to care for themselves and are furnished on a short-term basis to allow temporary relief from caretaking duties for the child's primary unpaid caregiver, parent, court-appointed guardian, or foster parent.

Respite services may be available up to 24 hours/7 days a week and include support in the home, after school, or at night, as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above.

The following types of respite will be available:

- In-home unskilled respite – Provided in a child's place of residence, home of respite provider, or home of a friend or family member for children with unskilled care needs (i.e., supervision or assistance with ADLs and IADLs, supervision to assure health and welfare, implementing a pre-existing behavior plan to support behavioral needs) who do not require skilled care such as a G-tube feeding. Services provided to children with behavioral health needs are provided by a trained paraprofessional who is supervised by a licensed clinician.
- In-home skilled respite – Provided in a child's place of residence or home of a friend or family member for children with ongoing skilled medical and behavioral health needs that can only be provided by an RN/LPN. (e.g., suctioning, G-tube feeding). No FFP is available for the cost of room and board.
- Out of home respite – Skilled and unskilled support provided in a community setting or licensed facility, including but not limited to school, nursing facility, hospital, residential treatment facility, foster home, Prescribed Pediatric Extended Care (PPEC), and group home.
- Emergency respite – a short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency. Emergency respite can be provided in the home or in an out of home location.

### QUALIFICATIONS FOR RESPITE CARE

A "chronic condition" is defined as "a serious, long-term physical, mental, or developmental disability or disease," including the following:

- Cerebral palsy;
- Cystic fibrosis;
- HIV/AIDS;
- Blood diseases, such as anemia or sickle cell disease;
- Muscular dystrophy;
- Spina bifida;
- Epilepsy;
- Severe autism spectrum disorder; and/or
- Serious emotional disturbance or serious mental health illness
- Individuals up to age 21 who are not already receiving respite through DSHP Plus LTSS, PROMISE, or the Lifespan 1915 (c) waiver.

### QUALIFICATIONS OF PEDIATRIC RESPITE PROVIDERS

#### Individual Providers

- At least 18 years of age
- First aid certification
- CPR certification
- Training specific to address the child's needs
- Valid driver license (as needed)
- Criminal Background Check

#### Licensed/Certified Providers

- RN, LPN
- Board Certified Behavior Analyst
- Board Certified Assistant Behavior Analyst
- Registered Behavior Technician

### PERMITTED PLACES OF RESPITE SERVICES

#### Agencies/Facilities

- Community Mental Health Agencies
- Community Mental Health Facilities
- Community Foster Care Agencies
- Home Health Agencies
- Licensed Residential Treatment Facilities
- Nursing Facilities
- Hospitals
- Home Health Agencies
- Residential Care Facilities
- Group Homes
- Licensed Foster Home
- Prescribed Pediatric Extended Care (PPEC)

### QUALIFYING SCENARIOS FOR EMERGENCY RESPITE CARE

Crisis situations that may qualify for emergency respite program include, but are not limited to the following circumstances:

- Caregiver illness (physical, mental and/or emotional)
- Caregiver hospitalization or doctor appointments
- Illness of a loved one
- Funeral or wake
- Drug or alcohol abuse counseling or support
- Care recipient transitions (i.e., living arrangements)
- Loss of employment or work-related situations
- Declining mental health

### LIMITATIONS

Short-term respite services provide temporary relief from caretaking duties, may be available up to 24 hours/7 days a week, and include support in the home, after school, or at night, as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above.

- Pediatric respite is limited to 15 days or 285 hours per waiver year. If additional respite is required, the MCO can approve based on medical necessity.
- Emergency Respite is limited to 72 hours per episode, with a maximum of six-72-hour episodes per waiver year. Emergency respite is not included in the benefit limit.
- The child and/or child's representative gives final approval of where the respite is provided.
- Respite services are not intended to supplant routine care, including before and after school care.
- Medicaid will not pay for respite provided for the purpose of oversight of additional minor children in the home.
- The cost of transportation is included in the rate paid to providers of these services.
- Federal financial participation is not available for the cost of room and board except when provided as part of services furnished in a facility approved by the State that is not a private residence.

### POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### PLACE OF SERVICE: INPATIENT/OUTPATIENT

### CODING REQUIREMENTS

#### COVERED CODES FOR DAILY RESPITE SERVICES

CPT codes	Description
<b>S5151</b>	Unskilled respite care, not hospice, per diem.
<b>S9125</b>	Respite care, in the home, per diem.

#### COVERED CODES FOR HOURLY RESPITE SERVICES

CPT codes	Description
<b>S5150</b>	Unskilled respite care, not hospice, per 15 minutes.
<b>T1005</b>	Respite care service, up to 15 minutes.

#### COVERED CODES FOR EMERGENCY RESPITE SERVICES

CPT codes	Modifier	Description
<b>S5150</b>	ET	Unskilled respite care, not hospice, per 15 minutes.
<b>S5151</b>	ET	Unskilled respite care, not hospice, per diem.

### REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## Reference

Delaware Health and Social Services. 2022. A Proposed Amendment to the Delaware Section 1115 Demonstration Waiver. Retrieved from

[https://dhss.delaware.gov/dhss/dmma/files/de\\_proposed\\_dshp\\_1115\\_waiver\\_2022.pdf](https://dhss.delaware.gov/dhss/dmma/files/de_proposed_dshp_1115_waiver_2022.pdf)

Waddill, Kelsey. Medicaid Health Home Benefits Covers Children with Complex Conditions. Retrieved from

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## POLICY UPDATE HISTORY

10/13/2022	Policy created; reviewed in reimbursement committee meeting
11/21/2022	Approved in Governance
11/30/2022	Approved in Functional Requirements