1250-D - RESPITE CARE

EFFECTIVE DATES: 02/14/96, 10/01/01, 03/01/06, 10/01/07, 07/01/10, 07/01/11, 10/01/11, 07/01/12, 10/01/14, 03/15/15, 10/01/17, XX/XX/XX[1]

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I. PURPOSE

This Policy applies to ALTCS E/PD~~,~~ ALTCS[3] DES/DDD Contractors, and Fee-For-Service~~s~~ (FFS) Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes ~~guidelines~~ requirements ~~regarding~~ for coverage of R~~r~~espite C~~c~~are as a short term service for ALTCS members residing in their own home.[4]

II. DEFINITIONS

ALTERNATIVE HOME AND COMMUNITY BASED SERVICES (HCBS) SETTING[5]

A living arrangement where a member may reside and receive HCBS. The setting shall be approved by the director, and either (1) licensed or certified by a regulatory agency of the state, or (2) operated by the IHS, an Indian tribe or tribal organization, or an urban Indian organization, and has met all the applicable standards for state licensure, regardless of whether it has actually obtained the license. The possible types of settings include:

1. For a person with a developmental disability:
   a. Community residential settings,
   b. Group homes,
   c. State-operated group homes,
   d. Group foster homes,
   e. Adult behavioral health therapeutic homes,
   f. Behavioral health residential facilities,
   g. Behavioral health respite homes, and
   h. Substance abuse transitional facilities.
2. For a person who is Elderly and Physically Disabled (E/PD):
   a. Adult foster care homes,
   b. Assisted living homes or assisted living centers, units only,
   c. Adult behavioral health therapeutic homes,
   d. Behavioral health residential facilities,

[1] Policy Effective Date will be the date Published to the AMPM Web Page
[2] Date Policy is approved
[3] POST APC CHANGE: added ALTCS
[4] Added content to align with current formatting and for overview and applicability
[5] Added this term to align with the body of the Policy

e. Behavioral health respite homes, and
f. Substance abuse transitional facilities.

DIRECT CARE WORKER (DCW)	A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home. These individuals, also known as Direct Support Professionals, shall be employed by DCW Agencies or, in the case of member-directed options, by ALTCS members, in order to provide services to ALTCS members. The DCW Agency or ALTCS member, in the case of member-directed options, establishes terms of employment.[6]
SERVICE PLAN	A complete written description of all covered health services and other informal supports which includes individualized goals, peer-and-recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.[7]

III. POLICY

~~A. AMOUNT, DURATION AND SCOPE~~

Respite ~~services are~~Care is provided as an interval of rest and/or relief to a family member or other ~~person~~ individual caring for an ALTCS member. Respite C~~c~~are 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~~ HCBS setting for the respite period. 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 services) shall be employed/contracted by a provider agency, or in the case of member-directed options (as specified in AMPM Chapter 1300), by ALTCS members, in order to provide such services to ALTCS Members.[8]

1. When ~~respite care~~Respite Care is provided for a period of less than 12 hours, regardless of the date during which the respite began, the ~~respite care~~Respite Care is authorized according to the number of units provided.
   a. The unit of service is 15 minutes for short-term ~~respite care~~Respite Care less than 12 hours,
   b. When ~~respite care~~Respite Care is provided for 12 – 24 continuous hours regardless of the date during which the respite began, the ~~respite care~~Respite Care is authorized at a per diem rate, and
   c. The combined total of short-term and/or continuous ~~respite care~~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, t~~The 600 hours are

[6] Added this definition to align with the body of the Policy.
[7] Added this term to align with the Contract
[8] Moved and modified from section below; modified to align with other 1200 policies

inclusive of both behavioral health and ALTCS (physical health) ~~respite care~~Respite Care. Refer to AMPM Policy 310-B for further information on Behavioral Health Resite Care.[9]

2. ~~Respite care~~Respite Care may only be delivered as specified in the member's Service Plan and as authorized by the member's case manager ~~in the member's Service Plan~~. ~~Respite care~~Respite Care includes, but is not limited to:
   a. Supervision of the member for the ~~period of time~~respite period[10] ~~authorized by the case manager~~,
   b. Provision of services during the ~~respite care~~Respite Care 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. Provision of~~ding~~ activities and services to meet the social, emotional, ~~and~~ physical and behavioral[11] needs of the member during the ~~respite~~ Respite Care period.

3. If ~~respite care~~Respite Care is provided by one of the facilities/agencies listed below, that facility/agency ~~must~~ shall be licensed by the Arizona Department of Health Services, and shall be Medicare certified when applicable:
   a. Nursing ~~care institutions~~facilities[12],
   b. Adult day health c~~are providers~~facilities[13],
   c. Approved Alternative HCBS settings included in AMPM ~~Policy~~ Section 1230, and
   d. Home Health Agencies ~~(HHA)~~.

4. In order to participate in group respite care, members shall be:
   a. Continent of bowel and bladder or able to provide self-care,
   b. Ambulatory, or if wheelchair bound, be self-propelling and need only standby assistance for transfer,
   c. Able to attend respite programs without the need of medications while in program, or be able to self-administer medications,
   d. Not in need of any licensed services during program's daily operation, if licensed personnel are not included in the provider's staffing for the group respite program, and
   ~~a.~~e. Not a danger to himself/herself or others.[14]

~~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 care to ALTCS Members.~~[15]

[9] Included reference to AMPM 310-B for BH respite care to not confuse this Policy (LTC services only) with BH services
[10] clarified
[11] Included behavioral health
[12] Revised to nursing facilities for consistency
[13] Updated to facilities to align with policy
[14] Moved this part from AMPM Policy 1240-B for consistency
[15] Moved above

5. No later than October 01, 2018,9, provider agencies must shall 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 cCheck 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, 20198 provider agencies required to comply with Fingerprint Clearance Card requirements outlined specified 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 shall 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~~Respite Care providers[16] ~~must~~ shall 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 R~~r~~espite Care is provided by a DCW agency all DCWs are required to submit three letters of reference, one of which ~~must~~ shall be from a former employer/contractor if the DCW has previous work history. All references, skills, and training ~~must~~ shall be verified and documented in the employee's personnel/contract file.

9. If ~~respite care~~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 and as authorized by the case manager[17]. 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~~Respite Care from a Nursing Facility (NF), the ~~facility~~ NF may provide nursing services but the services will be included in ~~facilities'~~ NF's 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 Section 1210 for additional information regarding institutional services and AMPM Section 1240 for information related to HCBS.

10. If ~~respite care~~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~~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~~Respite Care. However, if the service is included in the scope of practice of the ~~respite care~~Respite Care provider, it is included as a part of the unit rate for ~~respite care~~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~~Respite Care, but are billed/reported separately by the Home Health Agency.

    When ~~respite care~~Respite Care is determined necessary for members with skilled nursing needs living in their own home, or an approved Alternative HCBS setting, ~~respite care~~Respite Care ~~must~~ shall be provided at the member's level of medical need. ~~Respite care~~Respite Care may be provided by private duty skilled nursing services, if available and when determined to be medically necessary and cost effective.

[16] clarified
[17] Included 'case manager'

11. If skilled nursing personnel are unavailable to provide ~~respite care~~Respite Care to members with respiratory care needs (such as ventilator dependent members), ~~respite care~~Respite Care may be provided by a respiratory therapist when the following conditions are met:
    a. The member's primary care provider ~~must~~ shall approve~~s~~/order~~s~~ the ~~respite care~~Respite Care by the respiratory therapist,
    b. The member's care requirements ~~must~~ shall 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~~ are~~-~~ to be provided by the usual caregiver or the member.