RESPITE PROTOCOL

A. Criteria for Respite

1. Is the service recipient currently receiving a residential service (i.e., Supported Living, Residential Habilitation, Medical Residential Services, or Family Model Residential Support)?

   If **YES**, stop and deny as a **non-covered service** based on the waiver service definition. Include the following statement in the denial letter: "The waiver says we can't pay for respite if you are getting a residential service." Include the following citation for the applicable waiver:

   - ["Statewide waiver," waiver #0128.90.R2A.02, page B-4]
   - ["Arlington waiver," waiver #0357.90.02, page B-4]

   In addition, deny as a **non-covered service** any portion of the requested amount of Respite services which *exceeds* the waiver service limit of 30 days per service recipient per program year.

   If **NO**, proceed to Question #2.

2. Is there documentation that the service recipient's caregiver needs relief from routine caregiving responsibilities for reasons other than health or medical issues involving the caregiver?

   If **YES**, stop and approve the Respite (subject to the waiver service limit of 30 days per service recipient per program year) in accordance with the following:

   a. If the request is for 8 hours or less of Respite during a single day, the reimbursement rate will be based on a unit of 15 minutes.

   b. If the request is for more than 8 hours of service during a single day, the reimbursement rate shall be based on a unit of 1 day (i.e., a per diem rate).

   Deny as a **non-covered service** any portion of the requested amount of Respite services which *exceeds* the waiver service limit of 30 days per service recipient per program year.

   If **NO**, proceed to Question #3.

3. Is there documentation that the service recipient's caregiver is or will be absent or incapacitated due to death, hospitalization, illness, injury, or medical appointments?

   If **YES**, stop and approve the Respite (subject to the waiver service limit of 30 days per service recipient per program year) in accordance with the following:

   a. If the request is for 8 hours or less of Respite during a single day, the reimbursement rate will be based on a unit of 15 minutes.

   b. If the request is for more than 8 hours of service during a single day, the reimbursement rate shall be based on a unit of 1 day (i.e., a per diem rate).

   Deny as a **non-covered service** any portion of the requested amount of Respite services which *exceeds* the waiver service limit of 30 days per service recipient per program year.

   If **NO**, stop and deny as **not medically necessary**.

In addition, deny as a **non-covered service** any portion of the requested amount of Respite services which *exceeds* the waiver service limit of 30 days per service recipient per program year.