

S5150, S5151, H0045, T1005 – Respite Care Services

Covered Service

Respite care services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports, or other services of paid support or training staff, should be used. Decisions about the methods and amounts of respite should be decided during person-centered planning. PIHPs may not require active clinical treatment as a prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.

- "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
- "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with a time period in between.
- "Primary" caregivers are typically the same people who provide at least some unpaid supports daily.
- "Unpaid" means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the beneficiary is receiving a paid State Plan (e.g., home help) or waiver service (e.g., community living supports) or service through other programs (e.g., school).
- Children who are living in a family foster care home may receive respite services. The only exclusion of receiving respite services in a family foster care home is when the child is receiving Therapeutic Foster Care as a Medicaid SED waiver service because that is considered in the bundled rate. (Refer to the Child Therapeutic Foster Care subsection in the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix for additional information.)

Since adult beneficiaries living at home typically receive home help services and hire their family members, respite is not available when the family member is being paid to provide the home help service but may be available at other times throughout the day when the caregiver is not paid.

Respite care may be provided in the following settings:

- Beneficiary's home or place of residence
- Licensed family foster care home
- Facility approved by the State that is not a private residence (e.g., group home or licensed respite care facility)
- Home of a friend or relative chosen by the beneficiary and members of the planning team
- Licensed camp
- In community (social/recreational) settings with a respite worker trained, if needed, by the family
- Licensed family child care home

Respite care may not be provided in:

- Day program settings
- ICF/IIDs, nursing homes, or hospitals



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Respite care may not be provided by:

- Parent of a minor beneficiary receiving the service
- Spouse of the beneficiary served
- Beneficiary’s guardian
- Unpaid primary care giver

Cost of room and board must not be included as part of the respite care unless provided as part of the respite care in a facility that is not a private residence.

Current Procedure Code

S5150 – Respite Care by Unskilled Person
 S5151 – Respite Care in home
 H0045 – Respite Care out-of-home
 T1005

Unit Type- [Day, Encounter, Etc.]

15-minute unit
 Per diem
 Per diem
 15-minute unit

Eligibility Criteria and Service Priorities:

Respite Care Services are available to Medicaid beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability through the §1915(i) State Plan Amendment (SPA) for home and community-based services in accordance with §1915(i)(7) of the Social Security Act. The intent of the §1915(i) SPA is to fund medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning. The authorization and use of Medicaid funds for any of the §1915(i) SPA supports and services, as well as their amount, scope and duration, are dependent upon:

- The Medicaid beneficiary’s eligibility for specialty services and supports as defined in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual
- The service(s) having been identified during person-centered planning;
- The service(s) being medically necessary
- The service(s) being expected to achieve one or more of the following goals as identified in the beneficiary’s plan of service:
 - Community Inclusion and Participation
 - Independence
 - Productivity

Associated Outcomes:

One or more of the following as identified in the beneficiary’s plan of service:

1. Community Inclusion and Participation - The individual uses community services and participates in community activities in the same manner as the typical community citizen.
2. Independence - "Freedom from another’s influence, control and determination." (Webster’s New World College Dictionary, 1996). Independence in the B3 context means how the individual defines the extent of such freedom for him/herself during person-centered planning.
3. Productivity - Engaged in activities that result in or lead to maintenance of or increased self-sufficiency. Those activities are typically going to school and work. The operational definition of productivity for an individual may be influenced by age-appropriateness.



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Typical Service Utilization Pattern:

The person-centered planning process determines the authorization for this service. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports, or other services of paid support or training staff, should be used.

- "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
- "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with a time period in between.

Provider Qualifications:

Respite care may not be provided by:

- Parent of a minor beneficiary receiving the service
- Spouse of the beneficiary served
- Beneficiary's guardian
- Unpaid primary care giver

Please refer to the current version of the [MDHHS Behavioral Health Code and Provider Qualifications Document](#) for specific qualification and training requirements.