



Easy Choice Health Plan

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

**Respite Services
(Multiple Markets)**

Policy Number: HS-227

Original Effective Date: 2/6/2014

**Revised Date(s): 2/5/2015; 2/4/2016;
2/2/2017; 1/11/2018; 12/6/2018**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Please refer to the State-specific information below. For the medical necessity criteria, please reference the *Position Statement* section below.

FLORIDA

Please refer to HS-280 *Florida In Lieu of Services*.

GEORGIA

Respite Care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual at home. Four levels of care into which each day of care is classified include: Routine Home Care, Continuous Home Care, Inpatient Respite Care, and General Inpatient Care. Services are provided on an occasional basis and limited to no more than five consecutive days at a time. Services may not be provided when for hospice patients residing in a nursing home on a permanent basis.¹

Respite Services provide brief periods of support or relief for caregivers of individuals with disabilities and is provided in the following situations:¹

- When families or the usual caretakers are in need of additional support or relief;
- When the participant needs relief or a break from the caretaker;
- When a participant is experiencing severe behavioral challenges and needing structured, short-term support;
- When relief from care giving is necessitated by unavoidable circumstances, such as a family emergency.

Planned or scheduled respite, or Maintenance Respite, provides brief periods of support or relief for caregivers or participants. Respite Services might also be needed to respond to emergency situations. Emergency Respite is intended to be a short-term service for a participant who requires a period of structured support, or when respite services are necessitated by unavoidable circumstances, such as a family emergency.²

Inpatient Respite Care is short-term inpatient care required to provide relief from care for the individual's family or other persons caring for the individual at home. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five (5) consecutive days at a time.¹

NOTE: Inpatient Care (General or Respite) and Nursing Home Room and Board cannot be reimbursed for the same member for the same covered days of service.

NEW JERSEY¹⁰

The term includes, but is not limited to, companion or sitter services; homemaker and personal care services; adult day health services; short-term inpatient care in a licensed nursing facility, residential health care facility or assisted living residence; adult family care arrangement or overnight camp program; private duty nursing; and peer support and training for caregivers. "Caregiver" means a spouse, parent, child, relative or other person who:

- Is 18 years of age or older; **AND**
- Has the primary responsibility of providing daily care for the eligible person; **AND**
- Does not receive financial remuneration for the care.

Assisted living facilities are permitted to accept short-term residents whose regular caregivers are participating in a respite care program.

Long-term care facilities are authorized by law to accept short-term residents whose regular caregivers are participating in a respite care program. A caregiver is defined as any individual, paid or unpaid, who provides regular in-home care for an elderly, disabled, or cognitively impaired person.

POSITION STATEMENT

Applicable To:

- Medicaid – Florida (inpatient; outpatient provided through Nursing Home Diversion program)
- Medicaid – Georgia (inpatient only)
- Medicaid – Hawaii (inpatient and outpatient)
- Medicaid – Illinois (inpatient only)
- Medicaid – Kentucky (inpatient and outpatient)
- Medicaid – Nebraska
- Medicaid – New Jersey (inpatient; outpatient not covered for Plan D only)

- Medicaid – New York (inpatient; outpatient provided through Long Term Care) (Healthy Choice)
- Medicaid – New York (inpatient and outpatient) (NY Family Health Plus)
- Medicaid – South Carolina (inpatient only)

NOTE: Prior authorization is needed *except* for Outpatient Respite in Florida.

NOTE: Respite Services are not a covered benefit for Medicare members.

Inpatient Respite Services are provided in a skilled nursing facility or hospice.

Outpatient Respite Services are provided in a member's place of residence (e.g., in-home, assisted living facility), as well as for those receiving hospice care.

MARKET SPECIFIC CRITERIA

FLORIDA

Please refer to HS-280 *Florida In Lieu of ~~Downward Substitution~~ Services*.

GEORGIA

Exclusions

Outpatient Respite Services **are not a covered benefit** for Georgia Medicaid members. This includes Hospice Members who reside in a nursing home on a permanent basis.¹

Coverage

Inpatient Respite Services **are a covered benefit** for Georgia Medicaid members when the following are met:

- Services are provided only on an occasional basis;¹ **AND**
- Services are not for more than five consecutive days at a time.¹

HAWAII ³

Respite care services **are a covered benefit** for Hawaii Medicaid members when the following are met:

- Member is unable to care for themselves; **AND**
- Rationale for services is for medical necessity not convenience (e.g., caregiver ill, potential caregiver burnout, going on vacation or on a business trip); **AND**
- All other resources have been explored (e.g., family, friends, etc.); **AND**
- Member meets nursing facility level of care (NFLOC) level of care to allow the choice to live in their homes and communities with appropriate quality supports designed to promote health and safety and independence; **AND**
- Services are authorized by the Member's primary care physician (PCP) as part of the member's care plan; **AND**
- An approved 1147 has been obtained and includes current services already in place; **AND**
- Services are on a short term basis with a definite plan to return to the original care setting; **AND**
- Services are furnished on a short-term basis due to the absence of, or need for, relief for those persons normally providing the care; **AND**
- Services are to be provided at one of the three (3) levels:
 - Hourly; **OR**
 - Daily; **OR**
 - Overnight.

AND

- Place of Service (POS) is provided in one of the following locations when at the same level of care:
- Individual's home or place of residence; **OR**
- Private residence of a respite care worker; **OR**
- Licensed Day Care Facility; **OR**
- Medicaid Certified Nursing Facility; **OR**
- Foster home/ARCH, Expanded ARCH; **OR**
- Licensed respite day care facility; **OR**
- Other community care residential facility approved by the State.

NOTE: The maximum allowable benefit is 2 weeks per episode.

ILLINOIS ⁴

Exclusions

Outpatient Respite Services **are not a covered benefit** for Illinois Medicaid members.

Coverage

Inpatient Respite Services **are a covered benefit** for Illinois Medicaid members when the following are met:

- Services do not exceed more than five (5) consecutive days at a time (including the date of admission but not counting the date of discharge)**; **AND**
- Services are for one of the four types of hospice care:
- Routine home care; **OR**
- Continuous home care; **OR**
- General inpatient care; **OR**
- Respite care

AND

- Respite care is short-term when, in the opinion of the attending physician, it is necessary to relieve the family members or other persons caring for the patient at home; **AND**
- Services are documented in the Member's medical record; **AND**
- Care is applicable for each day in which the Member is in an approved inpatient facility and is receiving respite care.

** NOTE: Charges for the sixth (6th) and any subsequent days are to be made at the routine home care rate.

Care for Pain Control and Management

Care for pain control and symptom management is provided in one of the following:

- A hospital; **OR**
- A skilled nursing facility; **OR**
- A hospice that can provide inpatient care directly.

Care for Member's in Hospice Care

Care for Member's in Hospice Care must meet the following:

- Services must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions; **AND**
- Member must elect hospice care and a plan of care must be established before services are provided; **AND**

- Services must be consistent with the plan of care; **AND**
- A certification that the individual is terminally ill must be completed.

KENTUCKY ⁶

Inpatient and Outpatient Respite Services **are a covered benefit** for Kentucky Medicaid members when the following are met:

- Services are short term care due to the absence or need for relief of the primary caregiver;
- . The need for relief may be caused by a hospital stay of the caregiver, other family problems affecting the caregiver, vacation for the caregiver or a need for relief of the caregiver on a more regular basis (such as every two (2) weeks).

NEBRASKA

Respite Care Services **are a covered benefit** for Nebraska Medicaid members when the following are met:⁹

- Services are for Members that require short-term temporary care on an intermittent basis due to special needs when the Member's primary caregiver is unavailable.

NEW JERSEY

Exclusions

Outpatient Respite Services **are not a covered benefit** for New Jersey Part D Members.

Coverage

Inpatient Respite Services **are a covered benefit** for New Jersey Medicaid members when the following are met:^{10,11}

- Member is age 18 or older; **AND**
- Member receives daily, basic care and/or daily supervision by an uncompensated caregiver (spouse, family, friend, etc.) who is age 18 or older; **AND**
- Member has functional impairments that require the care of another person; **AND**
- Services are temporary, short-term care for (or the supervision of) an eligible Member on behalf of the caregiver in emergencies; **OR**
- Services are on an intermittent basis to relieve the daily stress and demands of caring for the functionally impaired adult; **AND**
- Services are provided hourly, daily, overnight or on weekends (provided by paid or volunteer staff); **AND**
- Services are used in order to relieve caregivers of stress from providing daily care (e.g., vacation, covering care when the caregiver has an emergency or undergoes medical treatment/procedures, time to run errands, etc.); **AND**
- Member resides in the community (not in a facility); **AND**
- Member does not currently participate in a Medicaid program (e.g., NJ FamilyCare, MLTSS, Jersey Assistance for Community Caregiving [JACC], Alzheimer's Adult Day Services Program, or Congregate Housing Services Program).^{**}

^{**}NOTE: A Member can switch from JAAC or the Alzheimer's Adult Day Services program and onto Statewide Respite.

NEW YORK ^{12,13}

Respite Services **are a covered benefit** for New York Medicaid members when the following are met:

- Services are short-term and temporary for Members with developmental disabilities; **AND**
- Services are not to provide do not exceed thirty (30) days per calendar year; **AND**
- Services are provided in 24-hour units of time; **AND**
- Services are provided inside or outside the home (e.g., "free standing" respite program or in a supervised setting).

Outpatient Respite Services **are a covered benefit** for New York Medicaid members through the Managed Long Term Care program only when the following are met:

SOUTH CAROLINA ¹⁴

Exclusions

Outpatient Respite Services **are not a covered benefit** for South Carolina Medicaid members.

Coverage

Inpatient Respite Services **are a covered benefit** for South Carolina Medicaid members when the following are met:

- Services are occasional; **AND**
- Services do not exceed a maximum of five (5) consecutive days at a time including the date of admission, but not counting the date of discharge#; **AND**
- Services are one of the following four levels of care:
 - Routine Home Care; **OR**
 - Continuous Home Care; **OR**
 - Inpatient Respite Care; **OR**
 - General Inpatient Care.

NOTE: Payment for the sixth and any subsequent days is to be made at the routine home care rate.

CODING

Covered CPT® Codes – No applicable codes.

HCPCS © Codes

H0045 Respite care services, not in the home, per diem
S9125 Respite care in the home per diem
T1005 Respite care services, up to 15 minutes

REV CODES

0655 Inpatient Respite Care

GEORGIA

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

H0045 POS-21,31,51,52,55,56,51
S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

HAWAII

HCPCS codes listed require authorization for the places of services listed.

HCPCS Codes

H0045 Non-Covered
S9125 POS-All
T1005 Non-Covered

ILLINOIS

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

H0045 POS-21,31,51,52,55,56,51
S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

KENTUCKY

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

MISSOURI

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

NEBRASKA

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

NEW JERSEY

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

NEW YORK

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All
T1005 POS-21,31,51,52,55,56,61

SOUTH CAROLINA

HCPCS codes listed require authorization for the places of services listed.

Covered HCPCS Codes

S9125 POS-All

T1005 POS-21,31,51,52,55,56,61

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

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11. Hospice services provider manual - section 2 policies and procedures. South Carolina Health Connections Medicaid Web site. <https://www.scdhhs.gov/internet/pdf/manuals/Hospice/Section%202.pdf>. Published December 1, 2012 (updated August 1, 2015). Accessed November 15, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
12/6/2018	<ul style="list-style-type: none"> • Approved by MPC. Added Nebraska line of business; removed Missouri.
1/4/2018, 2/2/2017, 2/4/2016, 2/5/2015	<ul style="list-style-type: none"> • Approved by MPC. No changes.
2/6/2014	<ul style="list-style-type: none"> • Approved by MPC. New.