

## Respite Reduction Frequently Asked Questions

### **What is considered Respite Care?**

The AHCCCS Medical Policy Manual defines respite as an interval of rest and/or relief to a family member or other persons caring for an Arizona Long Term Care System (ALTCS) member, which is aimed at improving the emotional and mental well-being of the member.

### **How much have the respite hours been reduced?**

The maximum number of respite hours will be 600 hours per benefit year. This is a 15% reduction from the previous limit of 720 hours. The benefit year runs from October 1st to September 30th.

### **When does the reduction take affect?**

October 1, 2011.

### **What is the maximum number of respite hours a year my family member can qualify for?**

Beginning on October 1, 2011, your child or family member will be eligible for a maximum of 600 hours of respite care per benefit year as described in AHCCCS rule R9-28-205.

### **Does this mean I can have 600 hours if I have been getting less?**

Respite care hours are determined by an assessment of the needs of each individual. The individual assessment determines the authorization of respite care hours, up to the 600 maximum, in a benefit year.

### **If I have been authorized 200 hours does that mean my hours will also be reduced by 15%?**

No. The benefit limit establishes a new maximum of 600 hours per benefit year.

**What if I have already used 600 hours and my next meeting with my Support Coordinator is not due for months, what happens on October 1<sup>st</sup>?**

On October 1, 2011, the number of respite care hours authorized for each member will need to be reset. Respite care hours must be authorized according to an assessment of the member's needs. Each member will be eligible for a maximum of 600 respite hours per benefit year (October 1<sup>st</sup> to September 30<sup>th</sup>).

**At my yearly ISP meeting will I receive 600 hours if I have been using 720?**

On October 1, 2011, authorizations for respite care will be based on the benefit year, not the ISP year. Units will need to be adjusted. Members are encouraged to contact the Division of Developmental Disabilities for more information regarding their particular situations.

**Do I have a right to appeal the reduction of my respite services?**

No, there is no right to appeal the change from the 720 hour annual limit to the new maximum of 600 hours per year. You do have the right to appeal a denial or reduction in respite hours within the 600 annual maximum, if you believe the number of hours is too low.

**Are respite hours provided monthly?**

No. Respite hours are authorized on an annual basis and, starting on October 1, 2011, respite hours will be authorized according to the benefit year. They may be carried over from month to month, but not from year to year.

**Are nursing hours being reduced?**

No. Nursing hours are not being reduced.

**Are other services like habilitation and attendant care services being reduced?**

No. Habilitation and attendant care services are increased or decreased based on the assessment of individual needs.

**Who will keep track of how many respite hours I have used?**

The Division (DDD) tracks the number of hours approved for each person and reduces that number when a provider is paid for the services.

## **How do I find out how many respite hours I have left?**

You can contact your Support Coordinator at any time to find out how many respite hours have been approved and how many have been paid.

## **What are other types of supports and services provided by DDD?**

Services are described in your Member Handbook.

These definitions are provided to help explain the difference between Respite, Habilitation, and Attendant Care.

**Respite:** Respite is an interval of rest and/or relief to a family member or other persons caring for an Arizona Long Term Care System (ALTCs) member, which is also aimed at improving the emotional and mental well-being of the member (AMPM, 1250-E, *Respite Care*).

**Attendant Care:** Attendant care is a combination of services which may include homemaking, personal care, general supervision and companionship. This service may enable members who might otherwise be in a nursing facility or home and community based alternative residential setting to remain at, or return to, their own home. (AMPM, 1240-B *Attendant Care*).

**Habilitation:** Habilitation is designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community based settings. The service includes the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensory-motor development, behavioral management and supported employment. Physical therapy, occupational therapy, and speech therapy may be provided in conjunction with habilitation therapies (AMPM, 1240-F *Habilitation Services*)