



## Kansas Medicaid UM Guideline

**Subject:** Respite Care – Autism Waiver

**Current Effective Date:** 01/26/2017

**Status:** Active

**Last Review Date:** 2/23/18

### Description

Respite Care services provide temporary direct care and supervision of the child. The primary purpose is to provide relief to families and caregivers of a child with an Autism Spectrum Disorder (ASD). The service is designed to help meet the needs of the primary caregiver as well as the identified child.

#### Components:

Respite Care services consist of:

- Assistance with normal activities of daily living
- Support in home and community settings
- Transportation to and from school/medical appointments/ or other community based activities, and/or any combination of the above is included in the rate paid to providers of this services.

### Clinical Indications

#### Eligibility Criteria:

- Member must be currently eligible for the Kansas Autism Waiver.

#### State of Kansas Definition of Medical Necessity:

- Medical Necessity means that a clinical intervention for an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:
  - Authority
  - Purpose
  - Scope
  - Evidence
  - Value

### Coding

- T1005

#### Respite Care Billing Considerations:

- Prior authorization is required for this service.
- Respite care services are billed by units of services. A unit equals 15 minutes. Units are limited to 672 units per calendar year.
- Services are to be billed by dates of service.

### Discussion/General Information

**Allowed Modes(s) of Delivery:** None listed

<https://providers.amerigroup.com/KS>

**Limitations/Exclusions:**

- Respite care services are available to participants with a family member who serves as the primary caregiver and is not paid to provide any HCBS autism waiver service to the child.
- Respite care cannot be provided by a parent of the child.
- Respite Care cannot be provided to an individual who is an inpatient of a hospital or State Mental Hospital when the inpatient facility is billing Medicaid, Medicare and/ or private insurance.
- Services are subject to prior approval.
- Respite care is provided in planned or emergency segments and may include payment during the individual's sleep time.
- Travel time is not reimbursable.
- Respite has a soft limit to 168 hours per calendar year. Families may request additional hours of Respite care by contacting their MCO care coordinator.

**Provider qualifications:**

- Medicaid enrolled provider
- Must have a high school diploma or equivalent
- Must be 18 years of age or older
- Must meet family's qualifications
- Must reside outside of child's home
- Must work under the direction of the Autism Specialist
  - Completion of the state approved training curriculum.
- Adherence to KDADS training and professional development requirements. Must successfully pass background check with the Kansas Bureau of Investigation (KBI), Adult Protective Services (APS), Child Protective Services (CPS), Kansas Dept. of Health and Environment Kansas Nurse Aid Registry, and Motor Vehicle screen

**Definitions**

Not Applicable

**References**

1. Approved 2017 Application for Home and Community-Based Waiver Services-Autism Waiver; pg. 42-44.

**Websites for Additional Information**

1. <https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/HCBS-Policies/autism-waiver.pdf?sfvrsn=0>

**History**

| Status  | Date      | Action       |
|---------|-----------|--------------|
| Revised | 5/24/2018 | MOC Approval |
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