

Provider notification of change in process: Technology Assisted Waiver (T1005) for Medical Respite Care

Summary of change: Amerigroup Kansas, Inc. is implementing a new process for the way medical respite is authorized. Currently Amerigroup is entering the respite hours for members as they are requested on a month-to-month basis. Beginning October 15, 2018, Amerigroup members who qualify for and choose Home Community Based Service (HCBS) Medical Respite Care (HCPCS code T1005) will have an authorization entered with the remaining units for October 15, 2018, to December 31, 2018, not to exceed 168 hours for the calendar year.

Beginning in 2019, the allowable authorization, which is applicable to members up to their 22nd birthday and under, will be entered as 168 hours or 672 units for the calendar year. As per the service definition stated in the current *1915(c)* HCBS waiver, “medical respite care is a temporary service provided on an intermittent basis for the purpose of relieving the family of the care of a technology dependent and medically fragile person for short, specified periods of time. Respite care must be provided in the recipient’s place of residence or community and has its purpose: the meeting of nonemergency or emergency family needs; restoration or maintenance of the physical and mental well-being of the child and/or family member providing supervision; companionship and personal care to the child for the specified period of time.”

It is the provider’s responsibility to maintain clear documentation demonstrating that the use of Medical Respite Care is based on the request of the member or member representative and is not provider-driven.

What does this change mean to me?

1. For members who choose and qualify for Medical Respite Care through the HCBS Technology Assisted Waiver, you will receive notification prior to November 1, 2018, with the member’s authorization of Medical Respite Care for the remaining units in 2018 to be used at the discretion of the member’s family.
2. You, as the chosen provider, are required to maintain clear documentation that the request is driven by the member or a representative of the member.
3. For members who choose and qualify for Medical Respite Care, your agency will receive notification in December 2018 of the authorization entered to cover January 1, 2019, through December 31, 2019, with the total allowable amount limited to 168 hours.

What if I need assistance?

If you have any questions, contact Provider Services at 1-800-454-3730, ext. 106-103-5178 or your Provider Relations representative.