

**MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS) COVERAGE OF RESPITE AND ADULT DAY SERVICES  
FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES**

**50-STATE MANAGED CARE CONTRACT SCAN**

National Academy for State Health Policy  
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State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<b>Alabama</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Alaska</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Arizona</b> <a href="#">Arizona Long Term Care System (ALTCS)</a>  Additional source: <a href="#">AHCCCS Medical Policy Manual, 1250-D – Respite Care</a>	A service that provides an interval of rest and/or relief to a family member or other person(s) caring for the member.	A program that provides planned care, supervision and activities, personal care, personal living skills training, meals and health monitoring in a group setting during a portion of a continuous twenty-four-hour period. Adult day health services may also include preventive, therapeutic and restorative health-related services that do not include behavioral health services.	24 hours per day, 600 hours per year	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Arkansas</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>California</b> <a href="#">CalAIM</a>  Additional source: <a href="#">Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide</a>	<p>Community Supports - Respite services are provided to caregivers of members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only. Respite services can include any of the following:</p> <ol style="list-style-type: none"> <li>1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.</li> <li>2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.</li> <li>3. Services that attend to the Member’s basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.</li> </ol> <p>Home Respite services are provided to the Member in his or her own home or another location being used as the home. Facility Respite services are provided in an approved out-of-home location. Respite should be made available when it is useful and necessary to maintain a person in their own home and to preempt caregiver burnout to avoid institutional</p>	Community Based Adult Services is an outpatient, Facility-based (respite) program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation to eligible State Plan beneficiaries.	In the home setting, these services, in combination with any direct care services the Member is receiving, may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year. The service is inclusive of all In-home (respite) and in-facility services. Exceptions to the 336 hour per calendar year limit can be made, with Medi-Cal managed care plan authorization, when the caregiver experiences an episode, including medical treatment and hospitalization that leaves a Medicaid member without their caregiver. Respite support provided during these episodes can be excluded from the 336-hour annual limit. This service is only to avoid placements for which the Medi-Cal managed care plan would be responsible. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance."	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center (called a CBAS Center)

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
	services for which the Medi-Cal managed care plan is responsible.			
<b>California</b> <a href="#">Cal MediConnect (CMS Financial Alignment Initiative)</a>	<i>Definition not listed, but service covered at the sole discretion of the Contractor and in accordance with the Individual Care Plan (ICP).</i>	Community Based Adult Services (CBAS) - Outpatient, Facility-based (respite) program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, and transportation to eligible Medi-Cal beneficiaries, aged 18 years and older, blind, or disabled.	<i>FAI only for dual Medicare-Medicaid eligibles. No maximum amount listed in contract.</i>	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center (called a CBAS Center)
<b>Colorado</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Connecticut</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Delaware</b> <a href="#">Diamond State Health Plan-Plus (DSHP-Plus)</a>	Respite care includes services provided to members unable to care for themselves furnished on a short-term basis because of the absence or need for relief for the member's caregiver.	Services furnished in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the member	14 days per year, however contractor's case manager may authorize service request exceptions above this limit.	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>D.C.</b>	No MLTSS for older adults and adults with physical disabilities.			

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<p><b>Florida</b>  <a href="#">Statewide Medicaid Managed Care (SMMC) Long Term Care Program</a></p>	<p><i>Definition not listed, but service covered.</i></p>	<p><i>Definition not listed, but service covered.</i></p>	<p>It is the State’s intention that the long-term care managed care plans have the maximum flexibility needed to ensure the individual receives the services necessary to maintain health, safety, and welfare and to remain in a community setting. The State will require that plans provide management oversight of services, and the State will oversee to ensure this takes place. Incentives have been put into place for the plans to manage the program efficiently and ensure that inappropriate duplication of services does not occur. Since the state will pay most managed care plans a capitated monthly fee for each recipient, for which the plan will be responsible for ensuring the recipient receives appropriate services congruent with the plan of care. The state will analyze encounter data to detect aberrant billing practices and unusual spending and will require plans to explain any such aberrations or face penalties.</p>	<p><i>Allowable respite service setting not listed.</i></p>
<p><b>Georgia</b></p>	<p>No MLTSS for older adults and adults with physical disabilities.</p>			

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<p>Hawaii  <a href="#">QUEST</a>  <a href="#">Integration</a></p>	<p>Respite care services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence of or need for relief for those persons normally providing the care. Respite may be provided at three (3) different levels: hourly, daily, and overnight. Respite care may be provided in the following locations: individual's home or place of residence; CCFFH; E-ARCH; Medicaid-certified nursing facility; licensed respite day care facility; or other community care residential facility approved by the State. Respite care services are authorized by the Member's PCP as part of the Member's HAP. Respite services may be self-directed.</p>	<p><b>Adult day care</b> is defined as regular supportive care provided to four (4) or more disabled adult participants. Adult day care services include observation and supervision by center staff, coordination of behavioral, medical, and social plans, and implementation of the instructions as listed in the participant's HAP. Therapeutic, social, educational, recreational, and other activities are also provided as regular adult day care services. Adult day care staff members may not perform healthcare-related services such as medication administration, tube feedings, and other activities which require healthcare-related training. All healthcare-related activities shall be performed by qualified and/or trained individuals only, including family members and professionals, such as an RN or LPN, from an authorized agency; <b>Adult day health</b> refers to an organized day program of therapeutic, social, and health services provided to adults with physical, or mental impairments, or both, which require nursing oversight or care. The purpose is to restore or maintain, to the fullest extent possible, an individual's capacity for remaining in the community. Each program shall have nursing staff sufficient in number and qualifications to meet the needs of participants. Nursing services shall be provided under the supervision of an RN. If there are Members admitted who require skilled nursing services, the services will be provided by an RN or under the direct supervision of an RN. In addition to nursing services, other components of adult day health services may include: emergency care, dietetic services, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech-language pathology, and transportation services.</p>	<p><i>No maximum amount listed in contract.</i></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Facility-based (respite)</li> <li><input checked="" type="checkbox"/> In-home (respite)</li> <li><input checked="" type="checkbox"/> Adult Day Center</li> </ul>

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<b>Idaho</b> Idaho Medicaid Plus programs (IMPlus) + Medicare-Medicaid Coordinated Plan (CMS Financial Alignment Initiative)	Respite Care includes short-term breaks from Caregiving Responsibilities to Non-Paid Caregivers. The Caregiver or Enrollee is responsible for selecting, training, and directing the Provider. While receiving Respite Care Services, the Waiver Enrollee cannot receive other Services that are duplicative in nature. Respite Care Services provided under this Waiver do not include Room and Board Payments. Respite Care Services may be provided in the Enrollee's residence, a CFH, a RALF, or an Adult Day Health Facility.	Adult Day Health is a Supervised, Structured Service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the Home of the Enrollee in a Non-Institutional, Community-Based Setting, and it encompasses Health Services, Social Services, Recreation, Supervision for Safety, and Assistance with ADLs needed to ensure the optimal Functioning of the Enrollee. Adult Day Health Services provided under this Waiver will not include Room and Board Payments.	<i>MLTSS program only for dual Medicare-Medicaid eligibles.</i> <i>No maximum amount listed.</i>	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Illinois</b> <a href="#">HealthChoice</a> + CMS Financial Alignment Initiative	Respite means services that provide the needed level of care and supportive services to enable the Enrollee to remain in the community or in a home-like environment, while periodically relieving a nonpaid family member or other caregiver of caregiving responsibilities. Services are limited to Individual Provider, homemaker, nurse, adult day care, and provided to an Enrollee to support the Enrollee's activities of daily living during the periods of time it is necessary for the family or primary care giver to be absent.	Adult day service is the direct care and supervision of adults aged sixty (60) or older in a community-based setting for the purpose of providing personal attention; and promoting social, physical, and emotional well-being in a structured setting.  From <a href="#">Administrative Code - Section 240.230 Adult Day Service (ADS)</a> : Provision of health-related services appropriate to the participant's needs as identified in the provider's assessment and/or physician's orders, including health monitoring, nursing intervention on a moderate or intermittent basis for medical conditions and functional limitations, medication monitoring, medication administration or supervision of self-administration, and coordination of health services.	<ul style="list-style-type: none"> <li>• <i>Respite only provided for persons with disabilities (not older adults).</i></li> <li>• By definition, Respite services are provided for no more than 240 hours per year. This can be used for 10, 24-hour days or the hours can be spread out throughout the year. HSP Respite is provided only in the home with the exception of Adult Day Service which can serve as one of the Respite services. Nothing remotely institutional is allowed to be used for Respite Services. The IT payment system has edits on what services may be provided in Respite, tracks the number of Respite hours provided by participant calendar year, and will not allow more than 240 hours to be billed during that time period.</li> </ul>	<i>Not listed in contract - Facility-based (respite)</i> <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Indiana</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Iowa</b> <a href="#">Iowa Health Link</a>	<i>Definition not listed, but service covered.</i>	<i>Definition not listed, but service covered.</i>	To help ensure member's caregivers are provided 'breaks', certain MCOs will provide additional hours of respite care for caregivers of eligible members	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Kansas</b> <a href="#">KanCare</a>	<i>Definition not listed, however service covered only for managed care enrollees as a value-added service (not a waiver service).</i>	<i>Definition not listed, but service covered.</i>	<ul style="list-style-type: none"> <li>• Aetna: Up to 120 hours of respite care per year, no more than 48 hours in a single month, for members on a waiver waiting list for HCBS Services. (This must be approved by the member's case manager).</li> </ul>	<i>Allowable respite service setting not listed.</i>

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Additional source: <a href="#">Health Plan Highlights for 2022</a>			<ul style="list-style-type: none"> <li>• Sunflower Health Plan: Up to 24 hours of respite care for non-paid caregivers who provide supports for persons on the Frail Elderly and Physical Disability waivers.</li> <li>• United Health Care: (Respite Care for I/DD waiver members receiving supported home care or home-based services. Up to 40 hours of respite care.)</li> </ul>	
<b>Kentucky</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Louisiana</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Maine</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Maryland</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Massachusetts</b> <a href="#">MassHealth - Senior Care Options (SCO)</a>	Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a participant in efforts to strengthen or support the informal support system; waiver services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.	Adult day health are community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, and transportation to a site outside the home.	<ul style="list-style-type: none"> <li>• MassHealth members 65 and over are eligible for SCO</li> <li>• No limits on the amount, frequency, or duration of this service outlined in waiver.</li> </ul>	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Massachusetts</b> <a href="#">MassHealth – One Care</a> (CMS Financial Alignment Initiative)	Such services include services provided to an Enrollee to support his/her caregiver (family member, friend); such services may be provided to relieve informal caregivers from the daily stresses and demands of caring for an Enrollee in order to strengthen or support the informal support system.	Adult day health are community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, and transportation to a site outside the home.	FAI only for dual Medicare-Medicaid eligibles, ages 21 to 64 at the time of enrollment. <i>No maximum amount listed in contract.</i>	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center



State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<p><b>Michigan</b> <a href="#">MI Choice</a></p>	<p>Respite services (In-home) are provided to participants unable to care for themselves and are furnished on a short-term basis due to the absence of, or need of relief for, those individuals normally providing services and supports for the participant. This standard addresses respite provided in the participant's home or in the home of another. Respite does not include the cost of room and board. Respite can only be provided in the home of another when the participant is using the self-determination option for service delivery; <u>Respite services (out-of-home)</u> are provided to participants unable to care for themselves and are furnished on a short-term basis due to the absence of, or need of relief for, those individuals normally providing services and supports for the participant. This standard addresses respite provided outside of the home. When provided in a Medicaid-certified hospital or a licensed Adult Foster Care facility, this type of respite may include the cost of room and board.</p>	<p>Adult Day Health services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the person-centered service plan (PCSP), in a noninstitutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services must not constitute a "full nutritional regimen," i.e., three meals per day. Physical, occupational and speech therapies may be furnished as component parts of this service. Transportation between the participant's residence and the Adult Day Health center is provided when it is a standard component of the service. Not all Adult Day Health Centers offer transportation to and from their facility. Additionally, some of those that offer transportation only offer this service in a specified area. When the center offers transportation, it is a component part of the Adult Day Health service. If the center does not offer transportation, or does not offer it to the participant's residence, the waiver agency may separately authorize transportation to and from the Adult Day Health Center.</p>	<p><u>Limitations (In-home (respite))</u> 1. MDHHS does not intend to furnish respite services on a continual basis. Respite services should be utilized for the sole purpose of providing temporary relief to an unpaid caregiver. When a caregiver is unable to furnish unpaid medically necessary services on a regular basis, waiver agencies should work with the participant and caregiver to develop a PCSP that includes other MI Choice services, as appropriate. 2. Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. 3. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. 4. The costs of room and board are not included. 5. Waiver agencies cannot authorize respite services on a continual daily basis. Waiver agencies may authorize respite services on a daily basis for a short period, such as when informal supports are on vacation. 6. Respite should be used on an intermittent basis to provide scheduled relief of informal caregivers. 7. The waiver agency must not authorize waiver funds to pay for respite services provided by the participant's usual caregiver; <u>Limitations (out-of-home)</u> 1. MDHHS does not intend Respite services to be furnished on a continual basis. Respite services should be utilized for the sole purpose of providing temporary relief to an unpaid caregiver. When a caregiver is unable to furnish unpaid medically necessary services on a regular basis, waiver agencies should work with the participant and caregiver to develop a PCSP that includes other MI Choice services, as appropriate. 2. Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. 3. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services. 4. For each participant, the waiver</p>	<p><input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center</p>

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<p>Additional source: <a href="#">Managed Care Requirements - Michigan Department of Health and Human Services</a></p>			<p>agency must not authorize MI Choice waiver payment for more than 30 days of out of home respite service per calendar year. Calendar years consist of any 365-day period. 5. Waiver agencies cannot authorize respite services on a continual daily basis. Waiver agencies may authorize respite services on a daily basis for a short period, depending upon the needs of the participant and the participant’s caregivers, such as when informal supports are on vacation. 6. Respite should be used on an intermittent basis to provide scheduled relief of informal caregivers. 7. The waiver agency must not authorize waiver funds to pay for respite services provided by the participant’s usual caregiver.</p>	
<p><b>Michigan MI HealthLink (CMS Financial Alignment Initiative)</b></p> <p>Additional source: <a href="#">Minimum Operating Standards For MI Health Link Program and MI Health Link HCBS Waiver</a></p>	<p>Respite is a supplemental service available to enrollees who do not meet nursing facility level of care or are not enrolled in the MI Health Link HCBS waiver.</p> <p><u>Respite (In-home):</u> Respite care services are provided on a short-term, intermittent basis to relieve the enrollee’s family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care.; <u>Respite (out-of-home):</u> Respite care services are provided on a short-term, intermittent basis to relieve the enrollee’s family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care. Respite services may be provided in a licensed Adult Foster Care, Home for the Aged facility, or nursing home. Respite may include the cost of room and board if the service is provided in a licensed Adult Foster Care home, licensed Home for the Aged, or nursing home.</p>	<p>Adult Day Program services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the Integrated Individualized Care and Supports Plan (IICSP), in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the enrollee. Meals provided as part of these services shall not constitute a “full nutritional regimen,” i.e., three meals per day. Physical, occupational and speech therapies may be furnished as component parts of this service. Transportation between the enrollee’s residence and the Adult Day Program center is provided when it is a standard component of the service. Not all Adult Day Program centers offer transportation to and from their location. Adult Day Program centers that do offer transportation may only offer it in a specified area. When the Adult Day Program Center offers transportation, it is a component part of the Adult Day Program service. If the center does not offer transportation, then the ICO will pay for the transportation to and from the Adult Day Program center separately.</p>	<p><i>FAI only for dual Medicare-Medicaid eligibles.</i>  <u>Respite (In-home (respite) and out-of-home):</u>  Respite is limited to 14 overnight stays or 24-hour periods per 365 days (336 hours per 365 days). The Integrated Care Organization (ICO) may provide more Respite services as a flexible benefit or on a case-by-case basis. The ICO has flexibility to work within the 336 hours in such a way that best meets the enrollee’s needs.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Facility-based (respite)</li> <li><input checked="" type="checkbox"/> In-home (respite)</li> <li><input checked="" type="checkbox"/> Adult Day Center</li> </ul>

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<b>Minnesota</b> <a href="#">Minnesota SeniorCare Plus</a>	<i>Definition not listed, but service covered.</i>	<i>Definition not listed, but service covered.</i>	The MCO may limit the amounts of services provided under Home and Community Based Services (HCBS) to the limits specified in the Minnesota Health Care Program (MHCP) manual. From MHCP manual: "When a person receives respite 24 hours a day, the person can receive up to 30 consecutive days per respite occurrence. The length of the person's stay must be documented in the support plan."	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Mississippi</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Missouri</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Montana</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Nebraska</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Nevada</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>New Hampshire</b>	No MLTSS for older adults and adults with physical disabilities.			

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<p><b>New Jersey</b>  <a href="#">FamilyCare</a></p>	<p>Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of an unpaid, informal caregiver (those persons who normally provide unpaid care) for the participant.</p>	<p><u>Social Adult Day Care (SADC)</u> is a community-based group program designed to meet the nonmedical needs of adults with functional impairments through an individualized Plan of Care. Social Adult Day Care is a structured comprehensive program that provides a variety of health, social and related support services in a protective setting during any part of a day but less than 24-hour care. Individuals who participate in Social Adult Day Care attend on a planned basis during specified hours. Social Adult Day Care assists its participants to remain in the community, enabling families and other caregivers to continue caring at home for a family member with impairment. Social Adult Day Care services shall be provided for at least five consecutive hours daily, exclusive of any transportation time, up to five days a week.</p>	<p>30 days per calendar year; respite services are not provided for formal, paid caregivers (i.e. Home Health or Certified Nurse Aides). Respite services are not to be authorized due to the absence of those persons who would normally provide paid care for the participant</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Facility-based (respite)</li> <li><input checked="" type="checkbox"/> In-home (respite)</li> <li><input checked="" type="checkbox"/> Adult Day Center</li> </ul>

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<p><b>New Mexico</b>  <a href="#">New Mexico Centennial Care 2.0</a></p> <p>Additional Source:  <a href="#">Medical Assistance Division - Managed Care Policy Manual</a></p>	<p><u>Respite services</u> provide the member’s primary caregiver with a limited leave of absence to prevent burnout, to reduce stress and provide temporary relief to meet a family crisis, emergency or caregiver’s illness as determined in the Comprehensive Care Plan (CCP). A primary caregiver is the individual who has been identified in the CCP and who assists the member on an intermittent basis (i.e., daily or as needed). Respite services provide a temporary relief to the primary caregiver during times when he/she would normally provide unpaid care. If a caregiver needs a break during the time when he/she provides paid care, the agency must provide a substitute caregiver. Respite services may be provided in the member’s home, in the respite provider’s home and/or in the community. Respite services are limited to a total maximum of 300 hours per CCP year. Respite services does not cover or provide skilled care. If a member requires skilled care, that care must be provided by a PDN or a nursing respite provider approved as a provider type 363, nursing respite provider. Respite services must not be provided by a member of the member’s household or by any relative approved as the paid caregiver. Respite services are provided pursuant to the CCP, developed and authorized by the member and the MCO Care Coordinator. Additional hours may be requested if an eligible member’s health and safety needs exceed the specified amount; <u>Nursing respite services</u> provide the member’s primary caregiver with a limited leave of absence to prevent burnout and provide temporary relief to meet a family crisis, emergency or caregiver’s illness as determined in the CCP. A primary caregiver is the individual who has been identified in the person-centered care plan (PCCP) and who assists the member on a frequent basis (i.e., daily or at a minimum weekly). It is not necessary for the primary caregiver to reside with the member in order to receive nursing respite services. Nursing respite services may be provided in the member’s home, in the nursing respite provider’s home, and in the community. Nursing respite services may be provided by an RN, or an LPN. Nursing respite services are limited to a total maximum of 300 hours per PCCP year. Nursing respite services must not be provided by a member of the member’s household or by any relative approved as the employed, paid caregiver.</p>	<p>Adult Day Health Services provide structured therapeutic, social and rehabilitative services designed to meet the specific needs and interests of Agency-Based Community Benefits (ABCB) members as determined by the PCCP incorporated into the Comprehensive Care Plan (CCP). Adult Day Health settings must be integrated and support full access of members receiving Medicaid HCBS to the greater community, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. The services are generally provided for two or more hours per day on a regularly scheduled basis, for one or more days per week, by a licensed Adult Day Care Center, that offers health and social services to assist members to achieve optimal functioning. Meals provided as part of this service shall not constitute a “full nutritional regime” (3 meals per day). Transportation to and from the Adult Day are Center must be coordinated by the Adult Day Care provider. PDN services and Skilled Maintenance Therapies (physical, occupational, and speech) may be provided in conjunction with Adult Day Health services, by the Adult Day Care provider or by another qualified provider. PDN and therapy services must be provided by licensed nurses and therapists. The PDN and Skilled Maintenance Therapies must be provided in a private setting at the facility.</p>	<p>Respite and nursing respite - 300 total hours annually per Comprehensive Care Plan (CCP) year. Additional hours may be requested if an eligible member’s health and safety needs exceed the specified amount.</p>	<p><input type="checkbox"/> Facility-based (respite)  <input checked="" type="checkbox"/> In-home (respite)  <input checked="" type="checkbox"/> Adult Day Center</p>

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<b>New York</b> <a href="#">Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery</a>	<i>Service not provided for older adults and persons with physical disabilities (Only for individuals enrolled in Health and Recovery Plans (HARPs) and HIV Special Need Plans (SNPs)).</i>	Adult Day Health Care means care and services provided to a registrant in a residential health care facility or approved extension site under the medical direction of a physician and which is provided by personnel of the Adult Day Health Care program in accordance with a comprehensive assessment of care needs and the PCSP, ongoing implementation and coordination of the PCSP, and transportation.	<i>Service not provided for older adults and persons with physical disabilities (Only for individuals enrolled in Health and Recovery Plans (HARPs) and HIV Special Need Plans (SNPs)).</i> <i>No maximum amount listed.</i>	N/A - Facility-based (respite) N/A - In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>New York</b> <a href="#">Medicaid Advantage Plus Managed Long Term Care</a>	Social and Environmental Supports - Services and items to support member's medical need. May include home maintenance tasks, homemaker/chore services, and respite care.	Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.; Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24 hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance.	<i>MLTSS program only for dual Medicare-Medicaid eligibles.</i> <i>No maximum amount listed.</i>	<i>Not listed in contract - Facility-based (respite)</i> <i>Not listed in contract – In-home (respite)</i> <input checked="" type="checkbox"/> Adult Day Center
<b>North Carolina</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>North Dakota</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Ohio</b> <a href="#">MyCare (CMS Financial Alignment Initiative)</a>	<i>Definition not listed, but service covered.</i>	<i>Definition not listed, but service covered.</i>	<i>FAI only for dual Medicare-Medicaid eligibles.</i> For HCBS beneficiaries upon enrollment in both respite and adult day services: "Maintain respite...adult day... service at current level and with current providers at current Medicaid reimbursement rates"	<i>Not listed in contract - Facility-based (respite)</i> <i>Not listed in contract – In-home (respite)</i> <input checked="" type="checkbox"/> Adult Day Center

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<b>Oklahoma</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Oregon</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Pennsylvania</b> <a href="#">Community HealthChoices</a>	<i>Definition not listed in contract, but service covered. Definitions for LTSS can be found in the 1915(c) Home and Community Based Services Waiver, found at: <a href="https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/CHC-Supporting-Documents.aspx">https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/CHC-Supporting-Documents.aspx</a></i>	<i>Definition not listed, but service covered.</i>	<i>No maximum amount listed in contract.</i>	<i>Not listed in contract - Facility-based (respite)</i> <i>Not listed in contract – In-home (respite)</i> <input checked="" type="checkbox"/> Adult Day Center
<b>Rhode Island</b> <a href="#">Integrated Care Initiative, Phase 2 (CMS Financial Alignment Initiative)</a>	Temporary caregiving services given to an Enrollee unable to care for himself/herself because of the absence or need for relief of those persons normally providing the care. Respite services can be provided in the Enrollee’s home or in a facility approved by the State, such as a hospital, nursing facility, adult day services center, foster home, or community residential facility. An Enrollee qualifies for these respite services if he/she requires the services of a professional or qualified technical health professional or requires assistance with at least two (2) ADLs.	Day programs for frail seniors and other adults who need supervision and health services during the daytime. Adult day health programs offer nursing care, therapies, personal care assistance, social and recreational activities, meals, and other services in a community group setting. Adult day health programs are for adults who return to their homes and caregivers at the end of the day.	<i>FAI only for dual Medicare-Medicaid eligibles.</i> Respite – Up to 100 hours of respite services in a year. Additional hours may be available for urgent situations, at the discretion of the Contractor; 365 Days of nursing facility care as medically and/or functionally necessary for respite.	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center

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<b>South Carolina</b> <a href="#">CMS Financial Alignment Initiative</a>	Respite care services (carved-in) are intended to provide temporary around-the-clock relief for caregivers; institutional Respite Care Services provide temporary institutional care for Medicaid waiver clients who live at home and are cared for by their families or other informal support systems. Respite Care services in a Community Residential Care Facility (CRCF) provide temporary care for Medicaid waiver participants who live at home and are cared for by their families or other informal support systems.	Based on the client’s identified needs, Adult Day Health Care centers provide a range of health care and support services. The center provides planned therapeutic activities to stimulate mental activity, communication, and self-expression. The center staff provides meals and supervision of personal care. The center also transports clients to and from home, if they live within fifteen miles of the center. With special approval, the center may also provide additional services. A limited number of skilled procedures are available to persons receiving Adult Day Health Care. A licensed nurse, as ordered by a physician, provides the skilled procedures in the Adult Day Health Care center.	<i>FAI only for dual Medicare-Medicaid eligibles.</i> 14 days of Respite-Institutional (Nursing Home or Hospital)	<input checked="" type="checkbox"/> Facility-based (respite) <input type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>South Dakota</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Tennessee</b> <a href="#">CHOICES</a>	<i>Definition not listed, but service covered.</i>	<i>Definition not listed, but service covered.</i>	• Respite – For CHOICES: In-home (respite) respite care (up to 216 hours per calendar year) + In-patient respite care (up to 9 days per calendar year) for Groups 2 + 3 (excluding Group 1); For 1915c waiver members: Respite (limited to a maximum of 30 days per calendar year) for self-determination, statewide, and Comprehensive Aggregate Cap (CAC) Waiver; The budget for respite services shall be allocated on an annual basis. For persons electing to receive the hourly respite benefit (up to two hundred sixteen (216) hours per year), the annual respite budget will be a dollar amount.	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Texas</b> <a href="#">STAR+PLUS</a>  Additional Source: <a href="#">STAR+PLUS Handbook - Respite Services</a>	Respite care services in the STAR+PLUS Home and Community Based Services (HCBS) program are available on an emergency or short-term basis to relieve those persons normally providing unpaid care for a STAR+PLUS HCBS program member unable to care for himself or herself.  Note: Some MCOs offer limited In-home (respite) respite to members who are not receiving STAR+PLUS HCBS as a value-added benefit.	Day Activity and Health Services (DAHS) is a service available to STAR+PLUS members who may benefit from a structured and comprehensive program that is designed to meet the needs of adults with functional impairments through an individual plan of care by providing health, social and related support services in a protective setting. Eligibility for the service is limited to members who need the service because of a chronic medical condition and are able to benefit therapeutically from the service. DAHS provides services in a facility setting, under the supervision of a nurse. Services include nursing	Limited to 30 days per individual service plan (ISP) year. However, providers can request the MCO to exceed the service cap in situation such as members who primary caregivers become ill, extenuating circumstances, or a breakdown in member or family support, causing an increased risk of institutionalization.	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center



State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
		and nurse-delegated tasks, physical rehabilitation, nutrition, social activities and transportation to and from the facility when another means of transportation is unavailable.		
<b>Texas</b> <a href="#">CMS Financial Alignment Initiative</a>	<p>Respite care services provide emergency or short-term relief to unpaid primary caregivers of Dual Demonstration Medicare-Medicaid Plan (MMP) enrollees receiving STAR+PLUS HCBS who reside in community settings other than adult foster care (AFC) homes or assisted living facilities (ALF).</p> <p>Note: Some MMPs offer limited In-home (respite) respite to MMP enrollees who are not receiving STAR+PLUS HCBS as a value-added benefit.</p>	<p>Day Activity and Health Services (DAHS) is a service available to MMP enrollees who may benefit from a structured and comprehensive program that is designed to meet the needs of adults with functional impairments through an individual plan of care by providing health, social and related support services in a protective setting. Eligibility for the service is limited to enrollees who need the service because of a chronic medical condition and are able to benefit therapeutically from the service. DAHS provides services in a facility setting, under the supervision of a nurse. Services include nursing and nurse-delegated tasks, physical rehabilitation, nutrition, social activities and transportation to and from the facility when another means of transportation is unavailable.</p>	<p><i>FAI only for dual Medicare-Medicaid eligibles.</i> Limited to 30 days per individual service plan (ISP) year.</p>	<p><i>Not listed in contract – Facility-based (respite)</i></p> <p><input checked="" type="checkbox"/> In-home (respite)</p> <p><input checked="" type="checkbox"/> Adult Day Center</p>
<b>Utah</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Vermont</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>Virginia</b> <a href="#">Commonwealth Coordinated Care Plus (CCC Plus)</a>	<p><u>Respite care services</u> are provided to Members who are unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those unpaid primary caregivers who normally provide care.; <u>Inpatient respite care</u> is Short-term inpatient care provided in an approved facility (freestanding hospice or hospital) to relieve the primary caregiver(s) providing In-home (respite) care for the recipient</p>	<p>Adult Day Health Care (ADHC) - Long-term maintenance or supportive services offered by a community-based day care program providing a variety of health, therapeutic, and social services designed to meet the specialized needs of those waiver individuals who are elderly or who have a disability and who are at risk of placement in a nursing facility.</p>	<p>480 hours per individual per state fiscal year; Congregate private-duty respite services: 5 consecutive days of respite, payment for the sixth day and any subsequent days of respite care is made at the routine home care rate</p>	<p><input checked="" type="checkbox"/> Facility-based (respite)</p> <p><input checked="" type="checkbox"/> In-home (respite)</p> <p><input checked="" type="checkbox"/> Adult Day Center</p>
<b>Washington</b>	No MLTSS for older adults and adults with physical disabilities.			
<b>West Virginia</b>	No MLTSS for older adults and adults with physical disabilities.			

State + MLTSS Program	Respite Definition	Adult Day Definition	Respite Service Limits	Respite/Adult Day Service Setting
<b>Wisconsin</b> <a href="#">Family Care/Family Care Partnership</a>	Respite is provided for a member on a short-term basis to ease the member's family or other primary caregiver(s) from daily stress and care demands.	Adult day care services are the provision of services for part of a day in a nonresidential group setting to adults who need an enriched social or health supportive experience or who need assistance with activities of daily living, supervision, and/or protection. Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site.	<i>No maximum amount listed in contract.</i>	<input checked="" type="checkbox"/> Facility-based (respite) <input checked="" type="checkbox"/> In-home (respite) <input checked="" type="checkbox"/> Adult Day Center
<b>Wyoming</b>	No MLTSS for older adults and adults with physical disabilities.			

<b>TOTAL</b> 23 MLTSS States	<b>Respite Service Eligibility:</b> <ul style="list-style-type: none"> <li><u>Older Adults and Persons with Physical Disabilities:</u> 17 states</li> <li><u>Persons with Physical Disabilities only:</u> 1 state</li> <li><u>Dual beneficiaries (Medicare-Medicaid) only:</u> 5 states</li> </ul> <p style="text-align: center;">23/23 MLTSS States</p>	<b>Adult Day Service Eligibility:</b> <ul style="list-style-type: none"> <li><u>Older Adults and Persons with Physical Disabilities:</u> 18 states</li> <li><u>Dual beneficiaries (Medicare-Medicaid) only:</u> 5 states</li> </ul> <p style="text-align: center;">23/23 MLTSS States</p>	<ul style="list-style-type: none"> <li><u>Numeric cap listed:</u> 12 states</li> <li><u>No explicit limit/managed care service amount flexibility:</u> 6 states</li> <li><u>Not listed in contract:</u> 5 states</li> </ul>	<ul style="list-style-type: none"> <li><u>Both In-home (respite) and Facility-based (respite) allowed:</u> 15 states</li> <li><u>In-home (respite) only:</u> 1 state</li> <li><u>Facility-based (respite) only:</u> 1 state</li> <li><u>Facility and/or In-home (respite) not listed in contract:</u> 6 states</li> </ul>
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