

50-STATE SCAN OF MEDICAID WAIVER REIMBURSEMENT OF RESPITE AND ADULT DAY SERVICES FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

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State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
Alabama	1915(c) AL Home and Community-Based Waiver for the Elderly and Disabled	Skilled respite, unskilled respite, adult day health	Respite Care is provided to individuals unable to care for themselves and is furnished on a short-term basis because of the absence of or need for relief of those persons normally providing the care. <u>Skilled Respite</u> is provided for the benefit of the client and to meet client needs in the absence of the primary caregiver(s) rather than to meet the needs of others in the client's household. Respite Care is not an entitlement. It is based on the needs of the individual client as reflected in the Plan of Care.; <u>Unskilled Respite</u> is provided for the benefit of the client and to meet client needs in the absence of the primary	The unit of service is fifteen (15) minutes of direct Respite Care provided in the client's residence. The amount of time does not include the Respite Care Workers (RCW) transportation time to or from the client's residence or the Respite Care Worker's break or mealtime. The number of units and services provided to each client is dependent upon the individual clients	<i>Not specified in waiver - Facility-based</i> <input checked="" type="checkbox"/> In-home	Yes (only for non-skilled respite)	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health (ADH) is a service that provides Elderly and Disabled Waiver (EDW) clients with a variety of health, social, recreational, and support activities in a supervised group setting for four or more hours per day on a regular basis. Transportation between the individuals place of residence and the adult day health center will be provided as a component part of Adult Day Health Service. The cost

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			caregiver(s) rather than to meet the needs of others in the client's household. Respite Care is not an entitlement. It is based on the needs of the individual client as reflected in the PCCP.	need as set forth in the clients PCCP established by the Case Manager.				of this transportation is included in the rate paid to providers of Adult Day Health Service. Adult Day Health is not an entitlement. It is based on the needs of the individual client.
	1915(c) AL SAIL Waiver	Unskilled respite	Respite Care is provided to individuals unable to care for themselves and is furnished on a short-term basis because of the absence of or need for relief of those persons normally providing the care. Unskilled Respite is provided for the benefit of the client and to meet client needs in the absence of the primary caregiver(s) rather than to meet the needs of others in the client's household. Respite Care is not an entitlement. It is based on the needs of the individual client as reflected in the PCCP.	The unit of service is fifteen (15) minutes of direct Respite Care provided in the client's residence. The amount of time does not include the Respite Care Workers (RCW) transportation time to or from the client's residence or the Respite Care Worker's break or mealtime. This service is limited to 300 hours/year and is dependent upon the individual clients need as set forth in the clients PCCP established by the Case Manager.	<i>Not specified in waiver - Facility-based</i> <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<i>Service not covered in this waiver</i>
	1915(c) AL ACT (Alabama Community Transition)	Skilled respite, unskilled respite, adult day health	Respite Care is provided to participant unable to care for themselves and is furnished on a short-term basis because of the absence of or need for relief of those persons normally providing the care. In accordance with the needs of the participant the Case Manager, the caregiver, and the participant will evaluate the need for skilled respite vs. unskilled respite. Skilled or Unskilled Respite is provided for the benefit of the participant and to meet participant needs in the absence of the primary caregiver(s) rather than to meet the needs of others in the participants household. Respite Care is authorized based on the needs of the individual participant as reflected in the Plan of Care.	The unit of service is 15 minutes of direct Respite Care provided in the participants residence. The amount of time does not include the Respite Care Workers (RCW) transportation time to or from the client's residence or the Respite Care Worker's break or mealtime. The number of units and services provided to each participant is dependent upon the individual participants need as set forth in the participants POC established by the Case Manager. The ACT CM and Nurse Consultant will determine whether skilled or unskilled respite is appropriate for the participant. This determination is based upon the specific tasks that the primary caregiver provides for the participant in the absence of formal supports. Tasks performed by a skilled or unskilled respite care worker is required to be within the State guidelines. Through the 1915j, Unskilled Respite is eligible for self-direction.	<i>Not specified in waiver - Facility-based</i> <input checked="" type="checkbox"/> In-home	Yes (only for non-skilled respite)	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health (ADH) is a service that provides ACT Waiver participants with a variety of health, social, recreational, and support activities in a supervised group setting for four or more hours per day on a regular basis. Transportation between the participants place of residence and the adult day health center will be provided as a component part of Adult Day Health Service. The cost of this transportation is included in the rate paid to providers of Adult Day Health Service. Adult Day Health is provided based on the needs of the individual client.

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Alaska	1915(c) Alaskans Living Independently (ALI) Waiver	Respite, adult day health/services	Respite care services may be provided for primary unpaid caregivers and providers of family home habilitation services that are in need of relief of providing incidental assistance with activities of daily living, instrumental activities of daily living, or will be unable to provide care for participants for limited periods of time, if those caregivers provide the oversight, care, and support needed to prevent the risk of institutionalization of that participant. Respite will not be approved for relief or substitute staff serving a waiver participant. As specified under 7 AAC 130, 280(b)(1), respite services may be provided in: a recipient's home, the private residence of the respite care provider, a licensed facility, or another community setting if that setting is appropriate for the needs of the recipient. Respite care services may be family directed for participants in specified waiver categories and grant programs. With the assistance of a certified respite care services provider, the participant's primary unpaid caregiver may train and supervise the individuals chosen to care for a participant while that caregiver is away or unable to provide care. Because the intent of respite care services is to offer relief to caregivers, units of respite care services authorized in the participant's Support Plan may not be used to substitute for, or to supplement the number of personnel providing other home and community-based services or personal care services. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.	Alaska regulations at 7 AAC 130.280(c) states that the department will not pay for respite care services that exceed the following duration limits: (a) 520 hours of hourly respite care services per year, unless the department approves more hours because the lack of additional care or support would result in risk of institutionalization, and the department will not pay more than the daily rate for respite care services provided to a recipient in the adults with physical disabilities category + (b) 14 days of daily respite care services per year.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day services may be provided for participants who are able to benefit from an organized program of services and activities during the day in a facility-based setting that provides supervision and a secure environment. The services and activities offered may include both individual and group activities; must be supportive; and must facilitate achievement of the goals and outcomes identified in a participant's Support Plan. All adult day services must be provided in a non-institutional, community-based setting. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day).
Arizona	1115 Demonstration - Arizona Health Care Cost Containment System		<i>Service covered but not defined in waiver demonstration</i>	<i>Not specified in waiver demonstration</i>	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	Spouses As Paid Care Givers. AHCCCS may implement a voluntary program for spouses as paid caregivers. The program will provide reimbursement to spouses who elect to provide needed in-home care for eligible ALTCS enrollees. Spouses providing care to eligible enrollees will be employed by an ALTCS network contractor or registered with AHCCCS as an ALTCS independent provider when providing	<i>Service covered but not defined in waiver demonstration</i>

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							services to an ALTCS FFS Native American or developmentally disabled member. In order for the state to receive FFP from CMS for Paid Caregiver Spouses of Medicaid beneficiaries, the personal care service or support must meet the following criteria and monitoring provisions.	
Arkansas	1915(c) Arkansas Choices in Homecare	Respite (in-home), respite (out-of-home), adult day health, adult day services	Respite Care is provided to waiver participants unable to care for themselves and is furnished on a limited or short-term basis because of the absence of, or need for relief of, those persons normally providing the care. Specifically, respite Care consists of temporary care provided for short term relief for the primary caregiver, subject to the following: 1. The participant lives at home and is cared for, without compensation, by their families or other informal support systems; 2. As determined by the independent assessment, the participant has a severe physical, mental, or cognitive impairment(s) that prevents him or her from being left alone safely in the absence or availability of the primary caregiver; 3. The primary caregiver to be relieved is identified and with sufficient documentation that he or she furnishes substantial care of the participant comparable to or in excess of services described under the Attendant Care service; 4. No other alternative caregiver (e.g., other member of household, other family member) or source of assistance is available to provide a respite for the primary caregiver(s); 5. Respite Care services are limited to (a) direct human assistance with specific Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks as described under Attendant Care services and (b) supervision necessary to maintain the health and safety of the participant, as supported by the independent assessment and determined medically necessary; and 6. Respite Care solely serves to supplement (not replace) and otherwise facilitate the continued availability of care provided to waiver participants by families and other informal support systems. Respite Care is available on a short-term basis (8 hours or less per date of service) or a long-term basis (a full 24 hours per date of service) because of the absence or need for relief of those persons who normally	Respite Care is subject to the following limitations: 1. The purpose of Respite Care is to provide respite for unpaid caregivers. The amount, frequency, and duration of Respite Care must be entirely consistent with and shall be limited to amounts, frequencies, and durations of assistance from unpaid caregivers identified and calculated for the participant in the completed form of the Arkansas Medicaid Task and Hour Standards (“THS”). Any amounts, frequencies, or durations in excess of the unpaid caregiver assistance amounts identified for the participant in the THS are not covered. 2. Respite Care excludes: a. Skilled health professional services, including physician, nursing, therapist, and pharmacist services; b. Services within the scopes of practice of licensed cosmetologists, manicurists, electrologists, or aestheticians, except for necessary assistance with personal hygiene and basic grooming; c. Services provided for any other person other than the participant; d. Companion, socialization, entertainment, or recreational services or activities of any kind, including, but not limited to, game playing, television watching, arts	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative (not a spouse) <input type="checkbox"/> Legal guardian	Adult day health care services furnished two or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the PCSP, in a non-institutional, 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 shall not constitute a "full nutritional regimen" (3 meals per day). Adult day health care provides a continuing, organized program of rehabilitative, therapeutic and supportive health and social services and activities to participants who are functionally impaired and who, due to the severity of their functional impairments, are not capable of fully independent living. Adult day health centers operate on a service day of no more than twelve (12) hours. The adult day health center shall serve one meal of nutritional content equal to one-third of the Recommended Daily Allowance, to participants who are present in the adult day health center for more than five (5) hours in that day. The goals of adult day health go beyond the custodial and personal care goals of adult day services. The emphasis is on rehabilitative and health services. The goals of adult day health are: 1. To enable the participant to

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			<p>provide care for the participant. Respite Care is available to meet an emergency need or to schedule relief periods in accordance with the regular caregiver's need for temporary relief from continuous care giving. Respite Care is available in the following locations: 1. Participant's home or place of residence; 2. Medicaid certified hospital; 3. Medicaid certified nursing facility; 4. Medicaid certified adult day health facility; and 5. Medicaid certified assisted living facility with a level II state license. To allow the person who normally provides care for the waiver participant some time away from his or her caregiving of the participant, Respite Care may be provided in or outside the participant's home as follows: 1. In-home respite may be provided for up to 24 hours per date of service. 2. Facility-based respite care may be provided outside the participant's home on: a. A short-term basis (eight (8) hours or less per date of service), or b. A long-term (maximum of 24 hours per date of service and used most often when respite needed exceeds the short-term respite amount). Reimbursement is only permitted for direct care rendered according to the participant's PCSP by trained respite care workers employed and supervised by certified in-home respite providers. Reimbursement is not permitted for Respite Care services provided by a participant's: 1. Spouse; 2. Legal guardian of the person; or 3. Attorney-in-fact granted authority to direct the participant's care. Respite care may be provided in a participant's home or while accompanying the participant to other locations, including without limitation for medical appointments or community activities. In accordance with 42 CFR 441.301(b)(1)(ii), AR Choices services may not be provided to inpatients of nursing facilities, hospitals or other inpatient institutions except for inpatient respite services. Respite care may be provided in a participant's home or while accompanying the participant to other locations, including without limitation for medical appointments or community activities. In accordance with 42 CFR 441.301(b)(1)(ii), ARChoices services may not be provided to inpatients of nursing facilities, hospitals or other inpatient institutions except for inpatient respite services.</p>	<p>and crafts, hobbies, and other activities pursued for pleasure, relaxation, or fellowship; e. Habilitation services, including but not limited to, assistance in acquiring, retaining, or improving self-help, socialization, and/or adaptive skills; and f. Services provided for any task not included in a participant's PCSP. 3. Participants are limited to no more than 1,200 hours (4,800 quarter-hour units) per year of in-home respite care, facility-based respite care, or a combination thereof. Respite care is not subject to a monthly or weekly limit but is limited to the annual amount of time identified and calculated for the participant in the completed form of the Arkansas Medicaid THS. 4. Respite Care services are not covered to provide continuous or substitute care while the primary caregiver(s) is working, attending school, or incarcerated. 5. Respite care may be provided in a participant's home or while accompanying the participant to other locations, including without limitation for medical appointments or community activities. In accordance with 42 CFR 441.301(b)(1)(ii), ARChoices services may not be provided to inpatients of nursing facilities, hospitals or other inpatient institutions except for inpatient respite services</p>				<p>function physically, mentally and socially at the highest possible level. 2. To enable functionally impaired participants to remain in a supportive home environment instead of entering a nursing home. 3. To improve the health, well-being and quality of life for the participants by providing a rehabilitation program among their peers. 4. To provide support for family and other caregivers to enable them to maintain the impaired participant in the community. The essential elements of an adult day health program are directed toward meeting the health restorative and maintenance needs of participants. The objectives of fostering and sustaining optimal capacity for self-care are achieved by 1. Maximizing the participant's capacity to function independently; 2. Developing the participant's opportunities for socialization and peer support; 3. Providing treatment options other than institutionalization. Adult day health providers are required to develop a written individual PCSP to guide the delivery of adult day health services provided to each waiver participant in the adult day health facility. There must be a regular, ongoing schedule of services and activities (individual and group) based upon the participant's PCSP. Adult day health programs provide health services that cannot be provided by adult day services programs. Adult day health is appropriate only for participants whose PCSPs specify one or more of the following health services that are not consistently provided by adult day services programs: 1. Rehabilitative therapies; 2. Pharmaceutical supervision; 3. Diagnostic evaluation; 4. Health monitoring. Participants may also receive any of the following ancillary services in accordance with their PCSP.</p>

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								<p>These services, although they are non-medical in nature, are an important supplement to the basic health care functions: 1. Assistance with the activities of daily living; 2. Social work; 3. Recreation therapy; 4. Exercise; 5. Counseling. Adult day health care can be utilized by waiver participants for two (2) or more hours per day, not to exceed ten (10) hours per day, when the service is provided according to the participants' PCSP. Adult day health services of less than two (2) hours per day are not reimbursable. Adult day health services may be utilized up to fifty (50) hours (200 units) per week, not to exceed two hundred and thirty (230) hours (920 units) per month. ARChoices waiver participants can receive both adult day health and adult day services, but the two services are not allowed on the same date of service.; Adult day services are services provided in a group program designed to provide care and supervision to meet the needs of four (4) or more functionally impaired adults for periods of less than twenty-four (24) hours, but more than two (2) hours per day in a place other than the adult's own home. Adult day care centers operate on a service day of no more than twelve (12) hours.</p>
California	1915(c) CA Home and Community Based Alternatives Waiver* *2022-2026 Waiver Renewal	Home respite, facility respite	The <u>Home Respite</u> benefit is intermittent or regularly scheduled medical and/or non-medical care supervision provided to the participant in his or her own home to do the following: 1. Assist family members in maintaining the participant at home; 2. Provide appropriate care and supervision to protect the participant's safety in the absence of family members or caregivers; 3. Relieve family members from the constantly demanding responsibility of caring for a participant; and 4. Attend to the participant's medical and non-medical needs and other ADLs, which would ordinarily be performed by the service provider or family member. The Home Respite benefit, as authorized, is to temporarily replace non-medical care that was	<u>Home Respite</u> - Neither the Waiver Agency, nor DHCS will authorize direct care services or any combination of direct care and protective supervision services exceeding 24 hours of care per day under this Waiver regardless of the funding source. Direct care services include State Plan services, such as personal care services, adult or pediatric day health care, In-Home Supportive Services (IHSS), PDN, shared PDN, and/or direct care authorized by	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<i>Service not covered in this waiver</i>

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	<i>currently pending CMS approval.</i>		<p>provided to the participant by his or her legal representative/legally responsible adult(s), and/or circle of support for a scheduled period of time as previously authorized or approved by the Waiver Agency or DHCS MC. When a participant does not have a Waiver Agency, the HCBS individual provider may provide Home Respite services following approval from the DHCS MC. Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation by a licensed provider(s) who is skilled in and knowledgeable in evaluating the participant’s medical needs and administering technically complex care as ordered by the participant’s current primary care physician are not eligible to receive Home Respite services provided by an unlicensed provider. This requirement is consistent with the California Business and Professions Code, section 2725 et seq. Prior to rendering any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider’s enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver.; The <u>Facility Respite</u> benefit services are 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. These services are provided in an approved out-of-home location to do all of the following: 1. Provide appropriate care and supervision to protect the participant’s safety in the absence of family members; 2. Relieve family members from the constantly demanding responsibility of caring for a participant; and 3. Attend to the participant’s medical needs and other ADL’s, which would ordinarily be the responsibility of the service provider or family member. The need for Facility Respite Service is authorized based on the unique circumstance of each, individual participant and family, but should consider:</p> <ul style="list-style-type: none"> • Severity of the participant’s disability and needs. • Potential risk of institutionalization if respite services are not provided. • Lack of access to informal support systems such as family, friends, community supports, etc. • Lack of access to other sources of respite (e.g., Regional Center), because of waiting lists, remote/inaccessible location of services, etc. 	<p>the participant's private insurance. Direct care is hands on care to support the care needs of the waiver participant. Protective supervision is observing the participant's behavior in order to safeguard the participant against injury, hazard, or accident. Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation by a licensed provider(s) who is skilled in and knowledgeable in evaluating the participant’s medical needs and administering technically complex care as ordered by the participant’s current primary care physician are not eligible to receive Home Respite services provided by an unlicensed provider. This requirement is consistent with the California Business and Professions Code, section 2725 et seq.</p> <p><u>Facility Respite</u> - Facility Respite services provided in a PDHC facility Transitional Health Care Needs Optional Service Unit, for waiver participants over the age of 21, is limited to no more than 30 intermittent or continuous whole calendar days per patient per calendar year. The HCBA Waiver is the payer of last resort, and medically-necessary Facility Respite services may only be authorized as a Waiver service for participants under the age of 21 when it is not available to the individual through any other system, including but not limited to: 1915(i) state plan coverage, private insurance, etc.</p>				

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			<ul style="list-style-type: none"> • Presence of factors known to increase family stress, such as family size, presence of another child or family member with a disability, etc. and • The perceived and expressed level of need for respite services by the primary caregiver or legally responsible adult; however, the perceived need for respite services, in the absence of any other factors, is not a sufficient indicator of the need for respite. Prior to rendering any services under the HCBA waiver, the provider must be enrolled as a Medi-Cal provider in compliance with state and federal law. Any services provided prior to the provider's enrollment as a Medi-Cal provider as required by state and federal law are not eligible for payment under the HCBA Waiver. 					
	CalAIM Additional Source: Medi-Cal Community Y Supports, or In Lieu of Services (ILOS), Policy Guide	Community supports (respite), community based adult services (adult day)	<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"> 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. 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. 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. <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 services for which the Medi-Cal managed care plan is responsible.</p>	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 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 <input checked="" type="checkbox"/> In-home	Yes	<i>Not specified in waiver demonstration</i>	Community Based Adult Services is an outpatient, facility-based 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.

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	1915(c) CA Multipurpose Senior Services Program	Respite (in-home), respite (out-of-home), Adult Day Care	<p><u>Respite Care (In-Home)</u>- The State Plan does not provide for respite care. The purpose of respite care is to relieve the Waiver Participant's caregiver and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a Waiver Participant while the family or other individuals who normally provide fulltime care take short-term relief or respite which allows them to continue as caregivers. Respite may also be needed in order to cover emergencies and extended absences of the caregiver. As dictated by the Waiver Participant's circumstances, services will be provided In-Home (5.1) through appropriate available resources. Individuals providing services in the Waiver Participant's residence shall be trained and experienced in homemaker services, personal care, or home health services, depending on the requirements in the Waiver Participant's care plan. The unit of service can be an hour or a day. Any combination of direct care and protective supervision services exceeding 24 hours of care per day under this waiver regardless of the funding source will not be authorized. Federal Financial Participation (FFP) will not be claimed for the following: • Respite services provided beyond thirty consecutive days • The cost of room and board when respite is provided in the participant's home or place of residence;</p> <p><u>Respite Care (Out-of-Home)</u> - The State Plan does not provide for respite care. The purpose of respite care is to relieve the Waiver Participant's caregiver and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a Waiver Participant while the family or other individuals who normally provide fulltime care take short-term relief or respite which allows them to continue as caregivers. Respite may also be needed in order to cover emergencies and extended absences of the caregiver. As dictated by the Waiver Participant's circumstances, services will be provided Out-of-Home (5.2) through appropriate available resources, such as Adult Day Programs. The unit of service can be an hour or a day. Any combination of direct care and protective supervision services exceeding 24 hours of care per day under this waiver regardless of the funding source will not be authorized. Federal Financial Participation (FFP) will not be claimed for the following: • Respite services provided beyond thirty consecutive days • The cost of room and board except when provided as part of respite</p>	<i>Not specified in waiver</i>	<p><i>Not specified in waiver - Facility-based</i></p> <p><input checked="" type="checkbox"/> In-home</p>	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Care - This service will be provided to Waiver Participants who will benefit from being in a social setting. Adult day centers are community-based programs that provide nonmedical care to persons 18 years of age or older in need of personal care services, supervision or assistance essential for sustaining the activities of daily living or for the protection of the individual on less than a 24-hour basis. The unit of service can be an hour or a day.

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			care in a facility approved by the State that is not a private residence.					
Colorado	1915(c) Colorado Elderly, Blind and Disabled (HCBS-EBD)	Respite (in-home), respite (out-of-home), adult day health	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite may be received in the individual's home, an Alternative Care Facility (ACF), a Nursing Facility (NF), or in the community. An individual would be responsible for any prorated room and board costs for the time spent in an ACF or NF. The Department has updated the Respite service definition in the waiver application with the locations respite can be provided.	An individual client shall be authorized for no more than 30 days of respite care in each calendar year.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day services may be provided for participants who are able to benefit from an organized program of services and activities during the day in a facility-based setting that provides supervision and a secure environment. The services and activities offered may include both individual and group activities; must be supportive; and must facilitate achievement of the goals and outcomes identified in a participant's Support Plan. All adult day services must be provided in a non-institutional, community-based setting. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day).
Connecticut	1915(c) CT HCBS for Elders	Respite, adult day health	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. In home respite providers shall include but are not limited to homemakers, companions or Home Health aides. Services may be provided in the home or outside of the home including but not limited to a licensed or certified facility such as a Rest Home with Nursing Supervision or Chronic and Convalescent Nursing Home. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.	Respite services provided in a licensed facility are limited to 30 days per calendar year per recipient. In home respite services are limited to 720 hours per year per recipient.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	The service is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting and shall encompass both health and social services needed to ensure the optimal functioning of the participant. Transportation to and from the center is included in the service definition and in the rate structure. Meals provided as part of these services shall not constitute a full nutritional regimen. Claims will be denied by any Adult Day Health provider attempting to bill for transportation procedure codes. These procedure codes are not included on the Adult Day Health fee schedule and will deny as edits are built into the claim processing system to prevent duplicative transportation services for Adult Day Health from occurring. Services Covered and Limitations Payment for adult day services under the rate for a medical model is limited to providers that demonstrate to

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								<p>the department their ability to meet the following additional requirements: a program nurse shall be available on site for not less than fifty percent of each operating day; the program nurse shall be a registered nurse, except that a program nurse may be a licensed practical nurse if the program is located adjacent to a long term care facility licensed by the Department of Public Health, with ready access to a registered nurse from such long term care facility or the program nurse is supervised by a registered nurse who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one half hour of the request. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day health center, health and social services currently received at home or provided by existing community health agencies and personal physicians; additional personal care services shall be provided as specified in the individual plan of care, including but not limited to, bathing and transferring; ongoing training shall be available to the staff on a regular basis including, but not be limited to, orientation to key specialty areas such as physical therapy, occupational therapy, speech therapy and training in techniques for recognizing when to arrange or refer clients for such services; and individual therapeutic and rehabilitation services shall be coordinated by the center as specified in the individual plan of care including but not limited to, physical therapy, occupational therapy and speech therapy. The center shall have the capacity to provide such</p>

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								services on site; this requirement shall not preclude the provider of adult day health services from also arranging to provide therapeutic and rehabilitation services at other locations in order to meet needs of individual clients. Payment for adult day services shall include the costs of transportation, meals and all other required services except for individual therapeutic and rehabilitation services. For participants receiving assisted living services, adult day services are included as part of the monthly rate. A separate reimbursement for this service is not authorized. The assisted living service agency may arrange for adult day health services and reimburse the adult day service provider from their all-inclusive rate.
	1915(c) CT Personal Care Assistance	Adult Day Health	<i>Service not covered in this waiver</i>	N/A	N/A Facility-based N/A In-home	N/A	N/A	Adult Day Health is not a state plan service. The service is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting and shall encompass both health and social services needed to ensure the optimal functioning of the participant. Transportation to and from the center is included in the service definition and in the rate structure. Meals provided as part of these services shall not constitute a full nutritional regimen. Claims will be denied by any Adult Day Health provider attempting to bill for transportation procedure codes. These procedure codes are not included on the Adult Day Health fee schedule and will deny as edits are built into the claim processing system to prevent duplicative transportation services for Adult Day Health from occurring. Services Covered and Limitations Payment for adult day

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
								<p>services under the rate for a medical model is limited to providers that demonstrate to the department their ability to meet the following additional requirements: - a program nurse shall be available on site for not less than fifty percent of each operating day; - the program nurse shall be a registered nurse, except that a program nurse may be a licensed practical nurse if the program is located adjacent to a long-term care facility licensed by the Department of Public Health, with ready access to a registered nurse from such long-term care facility or the program nurse is supervised by a registered nurse who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one half hour of the request. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day health center, health and social services currently received at home or provided by existing community health agencies and personal physicians; - additional personal care services shall be provided as specified in the individual plan of care including, but not limited to, bathing and transferring; - ongoing training shall be available to the staff on a regular basis including, but not be limited to, orientation to key specialty areas such as physical therapy, occupational therapy, speech therapy and training in techniques for recognizing when to arrange or refer clients for such services; and - individual therapeutic and rehabilitation services shall be coordinated by the center as specified in the individual plan of care including, but not limited to, physical therapy,</p>

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								occupational therapy and speech therapy. The center shall have the capacity to provide such services on-site; this requirement shall not preclude the provider of adult day health services from also arranging to provide therapeutic and rehabilitation services at other locations in order to meet needs of individual clients. Payment for adult day health services shall include the costs of transportation, meals and all other required services except for individual therapeutic and rehabilitation services. For participants receiving assisted living services, adult day health services are included as part of the monthly rate. A separate reimbursement for this service is not authorized. The assisted living service agency may arrange for adult day health services and reimburse the adult day service provider from their all-inclusive rate.
Delaware	1115 Delaware Diamond State Health Plan - Plus (DSHP)	Respite, Adult Day Services	Respite care includes services provided to participants unable to care for themselves furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. FFP is not claimed for the cost of room and board. This is provided both at home and in Nursing and Assisted Living Facilities. This service is limited to no more than fourteen (14) days per year. The managed care organization may authorize service request exceptions above these limits on a case-by-case basis when it determines that: <ul style="list-style-type: none"> • No other service options are available to the member, including services provided through an informal support network; • The absence of the service would present a significant health and welfare risk to the member; and • Respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual's primary residence 	This service is limited to no more than fourteen (14) days per year. The managed care organization may authorize service request exceptions above these limits on a case-by-case basis when it determines that: <ul style="list-style-type: none"> • No other service options are available to the member, including services provided through an informal support network; • The absence of the service would present a significant health and welfare risk to the member; and • Respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual's primary residence; Respite 15-minute Unit: Respite (15-minute unit) may be provided in the beneficiary's home or out of the beneficiary's home 	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	Option for Participant Direction of DSHP Plus HCBS Services. DSHP Plus participants who elect self-directed care must have the opportunity to have choice and control over how self-directed DSHP Plus HCBS services are provided and who provides the service. Member participation in participant direction is voluntary, and members may participate in or withdraw from participant direction at any time. Participant Direction by Representative. The participant who self-directs the DSHP Plus HCBS service may appoint a volunteer designated	Services furnished in a non-institutional, 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 shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service. The service is reimbursed at two levels: the basic rate and the enhanced rate. The enhanced rate is authorized only when staff time is needed to care for participants who demonstrate ongoing behavioral patterns that require additional prompting and/or intervention. Such behaviors include those which might result from an acquired brain injury. The behavior and need for intervention must occur at least weekly.

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				(not in a facility) in units of 15-minutes, for up to 12 hours a day. It is intended to provide short-term respite. Respite Per diem: Respite (per diem) may be provided in a facility on a per diem basis. It is intended to provide short-term respite. Services must be delivered in a manner that supports the beneficiary's communication needs including, but not limited to, age-appropriate communication, translation services for beneficiaries that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding, and use of communication devices used by the beneficiary. If the beneficiary is to receive respite on an ongoing basis, the care manager will monitor on a quarterly basis, as applicable, to see if the objectives and outcomes are being met.			representative to assist with or perform employer responsibilities to the extent approved by the participant. DSHP Plus HCBS services may be directed by a legal representative of the participant. DSHP Plus HCBS services may be directed by a non-legal representative freely chosen by an adult participant. A person who serves as a representative of a participant for the purpose of directing DSHP Plus HCBS services cannot serve as a provider of DSHP Plus HCBS services for that participant.	This service is not available to persons residing in Assisted Living. The meals provided as part of this service are only provided when the participant is at the Adult Day Care Center. The cost of such meals is rolled into the Adult Day Care provider's reimbursement rate. The provider does not bill separately for the meal.
District of Columbia (D.C.)	1915(c) DC Elderly and Persons w/ Disabilities	Respite (in-home), respite (out-of-home), adult day health	Services provided to persons enrolled in the waiver who are unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those individuals who normally provide care for the person. Respite is usually provided in a person's home. However, Federal financial participation is not to be claimed for the cost of room and board except when respite is provided as part of respite care furnished in a facility approved by the State that is not a private residence, including an Assisted Living facility, Medicaid enrolled group home, or other community care residential facility approved by the State that is not a private residence. Respite services may cover the range of activities associated with the Personal Care Aide role or the Homemaker role. These include the following activities: a. Basic personal care such as bathing, grooming, and assistance with toileting or bedpan use; b. Assistance with prescribed, self-administered medication; c. Meal preparation in accordance with dietary guidelines and other cultural/religious dietary restrictions, and assistance with eating; d. Household	1) Respite services shall not include services that require the skills of a licensed professional, including catheter insertion, procedures requiring sterile techniques, and medication administration. 2) Respite services shall not include tasks usually performed by chore workers, including cleaning of areas not occupied by the recipient, cleaning laundry for family members of the recipient, and shopping for items not used by the recipient. 3) Respite services shall not be provided to persons who have no primary caregiver that is responsible for the provision of the person's care on an ongoing basis. Respite services are only available to beneficiaries who	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult day health services are designed to encourage adults enrolled in the EPD waiver to live in the community by offering non-residential medical supports and supervised, therapeutic activities in an integrated community setting, to foster opportunities for community inclusion, and to deter more costly facility-based care. Adult day health services includes the following services: medical and nursing consultation services including health counseling to improve/maintain the health, safety and psycho-social needs of persons enrolled in the waiver; individual and group therapeutic activities, including social, recreational and educational activities provided by licensed therapists such as an occupational or physical therapist, and

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			<p>tasks related to keeping the recipient's living areas in a condition that promotes the recipient's health, comfort, and safety; and e. Accompanying the recipient to medically related appointments.</p>	<p>have a live-in, unpaid caregiver (non-personal care attendant). Respite services are available for beneficiaries' unpaid caregivers (non-personal care attendants) for a maximum of 480 hours per waiver certification period for hours that are not otherwise staffed by a personal care aide. DHCF will make exceptions to provide respite services to beneficiaries whose unpaid primary caregivers are not living with them. 4) Respite services are limited to a maximum of seventeen (17) hours per day, and a maximum of four hundred and eighty (480) hours per year. Requests for respite services in excess of the established limits must be approved by DHCF prior to the provision of the services. 5) An individual or family member other than a person's spouse, parent of a minor child, any other legally responsible relative, or court-appointed guardian may provide respite services. Legally responsible relatives do not include parents of an adult child, so parents of an adult child enrolled in the waiver are not precluded from providing respite. 6) If respite care is provided in a facility other than a person's residence, the facility must meet all the setting requirements under 42 CFR 441.301 and be enrolled as a Medicaid provider of respite services.</p>				<p>speech language pathologist; social service supports provided by a social service professional including consultations to determine the person's need for services, offering guidance through counseling and teaching on matters related to the person's health, safety, and general welfare; direct care supports services to provide direct supports like personal care assistance, offering guidance in performing self-care and activities of daily living, instruction on accident prevention and the use of special aides; and medication administration services, including administration of medication and/or assistance in self-administration of medication provided by a Registered Nurse (RN) or Certified Medication Aide (MA-C) in accordance with District regulations. Persons enrolled in the waiver will also have the option of receiving nutrition and meal services consisting of nutritional education, training, and counseling to persons enrolled and their families, and provision of meals and snacks while in attendance at the day setting. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day). All services will be offered under the person's person-centered service plan and be tailored in accordance with their unique needs and choices. Additionally, in accordance with 42 CFR 441.301, all adult day health service providers will meet the "setting requirements", as verified by the DHCF EPD Waiver Provider Readiness Review process and specified in Attachment #2 in the Main Section of the Application. The adult day health service reimbursement does not include transportation costs. Adult day health providers are responsible for coordinating</p>

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								transportation to any off-site visits by using Non-Emergency Medical Transportation (NEMT) benefits available through the individual's Medicaid coverage, whether through the
Florida	1915(c) Florida Long-Term Care	Respite, Adult Day Health Care	The provision of services on a short-term basis due to the absence of, or need to relieve, the enrollee's natural supports on a planned or emergent basis. This service is provided in the enrollee's home. Respite may be provided by direct service workers of the approved provider types listed in this application.	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.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health Care - Services provided pursuant to Chapter 400, Part V, Florida Statutes. For example, services furnished in an outpatient setting, encompassing both the health and social services needed to ensure optimal functioning of an enrollee, including social services to help with personal and family problems, and planned group therapeutic activities. Adult day health services include nutritional meals. Meals are included as a part of this service when the patient is at the center during mealtimes. Adult day health care provides medical screening emphasizing prevention and continuity of care including routine blood pressure checks and diabetic maintenance checks. Physical, occupational and speech therapies indicated in the enrollee's plan of care are furnished as components of this service. Nursing services which include periodic evaluation, medical supervision and supervision of self-care services directed toward activities of daily living and personal hygiene are also a component of this service. The inclusion of physical, occupational and speech therapy services and nursing services as components of adult day health services does not require the LTC plan to contract with the adult day health provider to deliver these services when they are included in an enrollee's plan of care. The LTC plan may contract with the adult day health provider for the delivery of these services or the LTC plan may contract with other providers qualified to deliver these services pursuant to the terms of the LTC

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								managed care contract. All direct service professionals providing LTC waiver services have the requisite responsibility to encourage enrollee independence, inclusion, and integration into the community.
Georgia	1915(c) GA Independent Care Waiver Program (ICWP) (Expired 6-30-21)	Respite care services, adult day services	Providers of respite care services provide services to functionally impaired individuals because of the temporary absence or need for relief of people normally providing care. The services maybe provide in the Individuals home or place of residence or group home.; For full day care: The services may be provided in an out of home approved Respite Care Facility such as a Medicaid certified Nursing Facility, a certified Hospital, a Licensed Personal Care Home or other facility approved by the contracted review team.	Respite services are limited to 360 hours a year	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Providers of Adult Day services provide services specializing in treatment techniques for members with traumatic brain injuries. Providers of Adult Day Services develop and provide staff training, which focuses on the needs of individuals with a traumatic brain injury, and the specific manner in which this service will meet the members individual needs. The program focuses on adaptive skills and is distinct from work production objectives. These services are provided during the day through day care programs that are offered at facilities within the community. At the end of each day, the member returns to his/her home.
	1915(c) GA Elderly and Disabled Waiver	Out-of-home respite care, adult day health. Extended state plan services: Occupational Therapy in Adult Day Health Care, Physical Therapy in Adult Day Health Care, Speech Therapy in	Out of Home Respite Care is a service that provides temporary relief to the caregiver responsible for performing or managing the care of a client who is functionally impaired and cannot be safely left alone in the home. Out-of-Home Respite enables the caregiver to meet planned or emergency needs of the family, is provided in an out of home setting approved by the Department of Community Health. Examples of approved settings include Adult Day Health Care Centers that also offer overnight care and Alternative Living Services Group and/or Family Model facilities. Clients who receive Out of Home Respite Care (which may include an overnight stay) are generally dependent upon a caregiver for personal care or the daily maintenance of a safe, clean environment. Respite care workers provide non-skilled tasks and services that are normally provided by the caregiver. Tasks such as preparing meals, reminding clients to take their medication, assisting with dressing, toileting, and bathing, are activities associated with respite care and are arranged by the care coordinator, the client's caregiver, and the provider. If the client's caregiver requires at least three hours of relief per visit, care coordination makes the determination that respite care	Out of Home Respite is reimbursed at \$42.57/day for a minimum of 12 hours. Out of Home Respite hourly rate is reimbursed at \$3.00 per 15-minute unit for a maximum of 32 units (8 hours) per day with a minimum of 3 units per day.	<input checked="" type="checkbox"/> Facility-based <input type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health (ADH) is a community-based, medically oriented day program that provides social, cultural, health-related and rehabilitative services to members who are functionally impaired. The ADH supports members with chronic illnesses and assists members to recover from an acute illness or injury. The service needs of the ADH member are reflected on the Care Plan and approved by the members physician. Adult Day Health Providers offer health related services, skilled therapies, assistance with activities of daily living, therapeutic activities, food services, education to care givers, emergency care, and preventive and rehabilitative services. Two levels of service, Level I and Level II, identify the intensity of care required by individual members. Level I residents require minimal assistance and verbal

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		Adult Day Health Care	<p>services are needed. However, depending on the service units approved, respite care may be taken in longer segments in order to allow the caregiver several consecutive days of relief. If warranted, Personal Support Services may be provided on the same day the client receives respite care services. All Respite Care services are supervised by a Registered Nurse and identified tasks are based on the clients plan of care. The Elderly & Disabled Waiver Program is intended for those services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available.</p>					<p>cueing whereas Level II, which is the more intensive level of service, also provides members with specialized nursing and therapy services. Individual waiver participant needs identified through assessment and confirmed at annual reevaluation determine the level required by each waiver participant. Health related services, which are performed by the RN on staff, includes monitoring members vital signs, medication administration and management, observing members functional level, and noting any changes in the members' physical condition. Specialized therapies, which can be provided directly by the ADH center or under subcontract, are available to members receiving ADH services. Occupational, Physical, and Speech Therapy are performed by or under supervision of an appropriate therapist currently licensed to practice in the State of Georgia. The ADH center provides assistance with activities of daily living (ADLs) such as bathing, grooming, dressing, toileting, ambulating, and eating, Members receiving personal care assistance through Home Health Services or Personal Support Services, are not authorized to receive a full day (minimum of 5 hours) of ADH service unless both services are required to maintain a member in the community. This determination is made by the care coordinator and the attending physician. Therapeutic activities are offered to meet the members individual needs, abilities, and interest. The activity program, which includes but not limited to arts and crafts, pet therapy, field trips, and group exercise, promotes the members physical, cognitive and emotional health. To meet the nutritional needs of the member, a noon</p>

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								meal and afternoon or morning snack is provided to the member according to physician orders. Regular, therapeutic or specialized diets are prepared daily on-site or under subcontract with an outside vendor who agrees to comply with food and nutritional requirements and guidelines. Because transportation service is not included in the rate for ADH service, the members representative may transport the member to the center or the ADH provider may utilize the State of Georgia's Non-Emergency Transportation broker system. The Elderly & Disabled Waiver Program is intended for those services that are not covered by the State Medicaid Plan or those instances in which a participant's need exceeds State Plan coverage limits and exceptions to the coverage limits are not available. ADH centers must comply with the Home and Community Based Settings Rule.
Hawaii	1115 Hawaii QUEST Integration	Respite care, adult day care, adult day health	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; foster home/expanded-care adult residential care home; Medicaid certified NF; 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 care plan. Respite services may be self-directed.	Respite not available for individuals who are assessed to be risk of deteriorating to institutional level of care (only available for individuals who meet institutional level of care ("1147 certified"))	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<i>Not specified in waiver demonstration</i>	<u>Adult day care</u> is defined as regular supportive care provided to four (4) or more disabled adult participants in accordance with HAR§17-1417. 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 care plan. 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 must be performed by qualified and/or trained individuals only, including family members and professionals, such as an RN

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								<p>or LPN, from an authorized agency. Adult Day Care Centers are licensed by the Department of Human Services and maintained and operated by an individual, organization, or agency Included in the sub-set of services for the “At Risk” population; <u>Adult Day Health</u> 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 in accordance with HAR §11-96 and HAR §11-94-5. The purpose is to restore or maintain, to the fullest extent possible, an individual’s capacity for remaining in the community. Each program must have nursing staff sufficient in number and qualifications to meet the needs of participants. Nursing services must be provided under the supervision of a registered nurse. If there are members admitted who require skilled nursing services, the services will be provided by a registered nurse or under the direct supervision of a registered nurse. In addition to nursing services, other components of adult day health may include emergency care, dietetic services, meals which do not constitute a full nutritional program, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech-language pathology, and transportation services. Adult Day Health Centers are licensed by the Department of Health.</p> <p>Included in the sub-set of services for the “At Risk” population</p>
Idaho	1915(c) ID Aged	Respite (in-home),	Respite Care. Short-term breaks from care giving responsibilities to non-paid care givers. The care giver or participant is	<i>Not specified in waiver</i>	<input checked="" type="checkbox"/> Facility-based	No	<input type="checkbox"/> Legally-responsible <input checked="" type="checkbox"/> Relative	Adult day health is a supervised, structured service generally furnished four (4) or more

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	& Disabled Waiver	Respite (out-of-home), Adult day health	responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. Respite care services may be provided in the participants residence, a Certified Family Home, a Developmental Disabilities Agency, a Residential Assisted Living Facility, and an Adult Day Health Facility.		<input checked="" type="checkbox"/> In-home		<input checked="" type="checkbox"/> Legal guardian	hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments.
Illinois	1915(c) IL Supportive Living Program	None offered	Service not covered in this waiver	N/A	N/A	N/A	N/A	Service not covered in this waiver
	1915(c) IL Persons with Disabilities	Respite (in-home), Adult Day Health/Service	Respite services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services are limited to independent providers, homemaker, nurse, adult day care, and are provided to a customer to provide assistance with his or her activities of daily living during the periods of time when it is necessary for the family or primary care giver to be absent. Federal matching funds will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. It may be provided in the following places: customer's home; or in an adult day care setting. Respite services can be provided by a fairly wide range of providers in terms of required credentials and in terms of skills. This reflects the very wide range of needs and services provided for the program's participants. Credential reviews for different provider types are done by different agencies, and the frequency of some credential reviews is dictated by a variety of statutes. The Nurse Practice Act, for example, dictates the frequency and content of credential reviews for LPNs and RNs. Several other laws address the content and frequency of credentialing for therapists and home health aides. There is even a statute which requires homemaker providers to get background checks, and now there is a similar but separate law for personal assistants. These laws are then implemented by the IL Department of Professional Regulation and the IL Department of Public Health.	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.	<input type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Service (ADS) is direct care and monitoring of customers in a community-based setting for any portion of a 24-hour day for the purpose of promoting social, physical, and emotional health and well-being and offering an alternative to an institutional setting. ADS are provided only when the social, emotional, and physical needs of the customer cannot be met in the home through other available services. By definition, ADS is to be offered as a least restrictive alternative to nursing facility care or care within the home. In addition, ADS facilities are subject to the new federal HCBS rule, and their compliance with the rule will be assessed and enforced through the State's HCBS statewide transition plan. The amount, duration, and scope of services is based on the Determination of Need assessment conducted by the HSP Counselor and the service cost maximum determined by the DON score.

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
	1915(c) IL HCBS Waiver for Persons Who are Elderly	Adult Day Health/Service	<p><i>While respite is not a waiver service provided under the Persons who Are Elderly waiver, customers can access Older Adult Service Respite funds through Title III Funds. These services can be provided in an Adult Day Care setting, in-home setting or facility setting.</i></p>	N/A	N/A Facility-based N/A In-home	N/A	N/A	<p>Adult Day Service is the direct care and supervision of adults aged 60 or over, in a community-based setting for the purpose of providing personal attention; and promoting social, physical and emotional well-being in a structured setting. Required service components include Assessment of the customer's strengths and needs and development of a PCP specific to ADS that is integrated into the overall PCP and provides direction specific to the delivery of the ADS service and all service components to be provided or arranged by the service provider. The ADS section of the customer's PCP is developed and evaluated with the customer and his or her family/individual representative in coordination with the adult day service team and developed so that it complements the customer's PCP. The customer is provided with the opportunity to lead development of the ADS PCP and shall have an active role in its development. The planning process addresses the personal goals of the customer, his/her strengths and needs, and any risks identified through the comprehensive assessment process. Reassessing the customer's needs and reevaluating the appropriateness of the PCP shall be done as needed, but at least semi-annually. A balance of purposeful activities to meet the customer's interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical, and spiritual) designed to improve or maintain the optimal functioning of the customer. Activity programming shall take into consideration individual differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests and</p>

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								<p>abilities by providing for a variety of types and levels of involvement. Time for rest and relaxation shall be provided as needed or prescribed. Activity opportunities shall be available whenever the service providers facility is in operation and customers are in attendance. A monthly calendar of activities of daily living shall be prepared and posted in a visible place along with notification/discussion of alternative options to daily activities as outlined on the calendar. Assistance with or supervision of activities of daily living (e.g., walking, eating, toileting, and personal care) as needed. Provision of health-related services appropriate to the customers' needs as identified in the provider 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. A meal at mid-day meeting a minimum of one-third of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Sciences, 10th Revised Edition, 2006, no further amendments or editions included. Supplementary nutritious snacks and special diets shall also be provided as directed by the client's physician. Agency provision or arrangement of transportation, with at least one vehicle physically accessible, to enable customers to receive adult day service at the adult day service provider's site and participate in sponsored outings. The adult day service transportation is billed as a separate service component. Provision of</p>

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								emergency care as appropriate in accordance with established adult day care service providers' policies and OA rules. Services are provided according to the person-centered plan of care within the service cost maximum.
Indiana	1915(c) IN Aged and Disabled Waiver	Respite (in-home), respite (skilled nursing), Adult Day Health, Adult Day Services (social model)	Respite services are those services that are provided temporarily or periodically in the place of the usual caregiver. Respite can occur in home and community-based settings. ALLOWABLE ACTIVITIES: • Skilled nursing services (RSKNU) SERVICE STANDARDS: If respite occurs in a HCBS certified facility targeting children and young adults twenty-two (22) and younger, staff to participant ratio cannot be greater than 1 staff per 2 participants. When respite is provided in this environment, the intent is to provide support to families in an effort to avoid institutionalization of their children. The level of professional care provided under respite services depends on the needs of the participant and caregiver determined in the Person-Centered Assessment (PCA). RHHA: A participant who is eligible for State Plan Home Health Services (HOHE) should be considered for respite home health aide under the supervision of a registered nurse RHHA authorized hours will roll over month-to-month through the duration of the Annual Service Plan. If a request for an increase in RHHA during the annual care plan is needed the care manager must coordinate with the agency to verify unused hours before requesting the additional hours. If there are unused hours they must first be used before requesting additional hours. Agency providing respite service is responsible for tracking participant's respite hours and notifying participant and care manager of hours used as well as hours remaining. RSKNU: A participant who is eligible for State Plan Nursing Services (SKNU) must be considered for respite nursing services RSKNU authorized hours will roll over month to month through the duration of the Annual Service Plan. If a request for an increase in RHHA during the annual care plan is needed the care manager must coordinate with the agency to verify unused hours before requesting the additional hours. If there are unused hours they must first be used before requesting additional DOCUMENTATION STANDARDS Care Manager Documentation Standards: The care manager must identify the primary caregiver being relieved. The care manager needs to identify the primary caregiver is not being paid by the agency to	Activities not allowed: • Respite may not be used to replace services that should be provided under the Medicaid State Plan • Respite will not be reimbursed when the owner of the organization is the parent of a minor child, the spouse of a participant, the attorney-in-fact (POA) of a participant, the health care representative (HCR) of a participant, or the legal guardian of a participant • Respite must not duplicate any other service being provided under the participant's service plan. • Respite service to participants receiving Adult Family Care waiver service, or Assisted Living waiver service.	Not specified in waiver - Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Service (ADS) are community-based group programs designed to meet the needs of individuals who need structured, social integration through a comprehensive and non-residential program. The service plan will identify the need through the person-centered assessment (PCA) process and evident through the assessment tool. The purpose for ADS is to provide health, social, recreational, supervision, support services, and personal care. Meals, specifically, and as appropriate, breakfast, lunch, and nutritious snacks are required. Participants attend Adult Day Services on a planned basis. The three levels of Adult Day Services are Basic, Enhanced, and Intensive. ALLOWABLE ACTIVITIES BASIC ADULT DAY SERVICES (Level 1) includes: • Monitor all activities of daily living (ADLs) defined as dressing, bathing, grooming, eating, walking, and toileting with hands-on assistance provided as needed • Comprehensive, therapeutic activities for those with cognitive impairment in a safe environment • Initial Health assessment conducted by RN consultant prior to beginning services at the adult day, and intermittent monitoring of health status • Monitor medication or medication administration • Minimum staff ratio: One staff for each eight individuals • RN Consultant available ENHANCED ADULT DAY SERVICES (Level 2) includes: Level 1 service requirements must be met. Additional services include: • Hands-on

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			<p>respite themselves during this time The care manager must document needs and activities that require respite. • Provider Documentation Standards • Data Record of staff to participant service documenting the complete date and time in and time out, and the number of units of service delivered that day • Each staff member providing direct care or supervision of care to the participant makes at least one entry on each day of service describing an issue or circumstance concerning the participant • Documentation should include date and time, and at least the last name and first initial of the staff person making the entry. If the person providing the service is required to be a professional, that title must also be included (example: if a nurse is required to perform the service then the RN title would be included with the name) • Any significant issues involving the participant requiring intervention by a health care professional, or care manager that involved the participant also needs to be documented • Specify applicable (if any) limits on the amount, frequency, or duration of this service • Documentation must include the following elements: the reason for the respite and the type of respite rendered • Notification to the participant’s care manager and other un-skilled provider, within forty-eight hours, upon and changes to the participant’s person-centered service plan.</p>					<p>assistance with two or more ADLs or hands-on assistance with bathing or other personal care • Initial health assessment conducted by RN consultant prior to beginning services as well as regular monitoring or intervention with health status • Medication assistance • Psychosocial needs assessed and addressed, including counseling as needed for individuals and caregivers • Therapeutic structure and intervention for participants with mild to moderate cognitive impairments in a safe environment • Minimum staff ratio: One staff for each six individuals • RN Consultant available • Minimum of one full-time LPN staff person with monthly RN supervision INTENSIVE ADULT DAY SERVICES (Level 3) includes: Level 1 and Level 2 service requirements must be met. Additional services include: • Hands-on assistance or monitoring with all ADLs and personal care • One or more direct health intervention(s) required • Rehabilitation and restorative services, including physical therapy, speech therapy, and occupational therapy coordinated or available • Therapeutic intervention to address dynamic psychosocial needs such as depression or family issues affecting care • Therapeutic interventions for those with moderate to severe cognitive impairments • Minimum staff ratio: One staff for each four individuals • RN Consultant available • Minimum of one full-time LPN staff person with monthly RN supervision • Minimum of one qualified full-time staff person to address participants’ psycho-social needs DOCUMENTATION STANDARDS Care Managers: • Justification for the service is documented • The documented need for the service is to describe, but not limited to</p>

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								the following: Describe the structure needed for the participant (medical, social, recreational) Types of ADL care the participant may require and level of assistance needed • Level of service is determined in the person centered assessment (PCA), which is given to provider
Iowa	1915(c) Home and Community Based Services - Health and Disability (HD) Waiver	Respite (in-home), respite (out-of-home), respite (basic), respite (specialized), respite (group), Adult Day Services (social model), Adult Day Health	Respite care services are services provided to the member that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that time period. The purpose of respite is to enable the member to remain in the member's current living situation. Staff to member ratios shall be appropriate to the member's needs as determined by the member's interdisciplinary team. The interdisciplinary team shall determine if the member shall receive basic individual respite, specialized respite or group respite. Basic individual respite means respite provided on a staff-to-member ratio of one to one to members without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse; group respite is respite provided on a staff to member ratio of less than one to one; specialized respite means respite provide on a staff to member ratio of one to one to members with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse. The state of Iowa allows respite services to be provided in variety of settings and by different provider types. All respite services identified in Appendix J fall within the definition of basic, specialized or group respite. For reporting purposes in Appendix J, the following provider types are listed as separate respite service: <ul style="list-style-type: none"> • Home Health Agency (HHA) may provide basic, group, and specialized respite • Residential Care Facility for persons with Intellectual Disabilities (RCF/ID) may provide basic, group or specialized respite • Homecare and Non-Facility based providers may provide basic, group and specialized respite • Hospital or Nursing Facility – skilled, may provide basic, group and specialized respite • Organized Camping programs (residential weeklong camp, group summer day camp, teen camp, group 	Services provided outside the member's home, such as a licensed facility, shall not be reimbursable if the living unit where the respite is provided is reserved for another person on a temporary leave of absence. Respite may be provided in facilities (RCF/ID, ICF/ID etc.). This language is in the Iowa Administrative Code for respite services and is included in the renewal application to avoid the duplication of payment between Medicaid and the facility. Facilities are paid for reserved bed days as part of the facility per diem payment rate. Facilities are paid for days when the member is out of the facility for hospitalization, home visits, vacations, etc. Waiver funds cannot be used to pay for a person to stay in the facility in a bed that is being paid for as a reserved bed day. <ol style="list-style-type: none"> Staff-to-consumer ratios shall be appropriate to the individual needs of the member as determined by the member's interdisciplinary team. A unit of service is a 15-minute unit. The service shall be identified in the member's individual comprehensive plan. Respite services shall not be simultaneously reimbursed with other residential or respite services, Medicaid or HCBS HD nursing, or Medicaid or HCBS 	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day care services are furnished four or more hours per days on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functions of the individual. Meals provided as part of these services shall not constitute a full nutritional day. Transportation between the individuals place of residence and the adult day care center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services provide an organized program of supportive care in a group environment to persons who need a degree of supervision and assistance on regular or intermittent basis in a day care center. Physical, occupational and/or speech/language therapies are not included as components of this service.

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
			<p>specialized summer day camp) may provide basic, group and specialized respite</p> <ul style="list-style-type: none"> • Child Care Centers may provide basic, group and specialized respite • Nursing Facility may provide basic, group or specialized respite • Intermediate Care facilities for persons with Intellectual Disabilities (ICF/ID) may provide basic, group or specialized respite <p>The payment for respite is connected to the staff to member ratio. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when provided in a residential 24-hour camp program.</p> <p>Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973. Respite may be provided in the home, camp setting, and nursing facility.</p> <p>Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p>	<p>HD home health aide services.</p> <p>e. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when the member is attending a 24-hour residential camp. Respite cannot be provided to a member who's usual caregiver is a consumer-directed attendant care provider for the member.</p> <p>f. The interdisciplinary team shall determine if the member will receive basic individual respite, specialized respite or group respite as defined in rule 441-83.1(249A).</p> <p>g. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed.</p> <p>h. Respite services provided for a period exceeding 24 consecutive hours to three or more individuals who require nursing care because of a mental or physical condition must be provided by a health care facility licensed as described in Iowa Code chapter 135C.</p> <p>For self-direction, the individual budget limit will be based on the member's authorized service plan and the need for the services available to be converted to the CCO budget. The amount, frequency, or duration of the self-directed respite service is the same as respite that is not self-directed.</p>				
	1915(c) IA Home and Community Based Services - Physical	None offered	Service not covered in this waiver	N/A	N/A	N/A	N/A	Service not covered in this waiver

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
	Disability Waiver							
	1915(c) IA HCBS Elderly Waiver	Respite (in-home), respite (out-of-home), Adult Day Services (social model), Adult Day Health	Respite care services are services provided to the member that give temporary relief to the usual caregiver provide all the necessary care that the usual caregiver would provide during that time period. The purpose of respite is to enable the member to remain in the member's current living situation. Services provided outside the members home shall not be reimbursable if the living unit where respite is provided is reserved for another person on temporary leave of absence. Staff to member ratios shall be appropriate to the member's needs as determined by the members interdisciplinary team. The interdisciplinary team shall determine if the member shall receive basic individual respite, specialized respite or group respite. Basic individual respite is provided on a staff-to member ratio of one to one to members without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse; group respite is provided on a staff to member ratio of one to many; specialized respite is provided on a staff to member ratio of one to one to members with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse. The payment for respite is connected to the staff to member ratio. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when the provider is a camp. Overlapping of services is avoided by the use of a case manager, CBCM, or integrated health home care coordinator who manages all services and the entry into the ISIS system. Respite may be provided in the home, camp setting, and nursing facility. Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.	A unit of service is 15 minutes. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. Respite services provided for a period exceeding 24 consecutive hours to three or more members who require nursing care because of a mental or physical condition must be provided by a health care facility licensed as described in Iowa Code chapter 135C. For self-direction: The individual budget limit will be based on the member's authorized service plan and the need for the services available to be converted to the CCO budget. The amount, frequency, or duration of the self-directed respite service is the same as respite that is not self-directed.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day care services provide an organized program of supportive care in a group environment to members who need a degree of supervision and assistance on regular or intermittent basis in a day care center. Supports provided during day-care would-be ADLs and IADLs. Included are personal cares (IE: ambulation, toileting, feeding, medications) or intermittent health-related cares, not otherwise paid under other waiver or state plan programs. Meals provided as part of these services shall not constitute a full nutritional day; each meal is to provide 1/3 of daily dietary allowances. Transportation is not a required element of adult day services but if the cost of transportation is provided and charged to Medicaid, the cost of transportation must be included in the adult day health per diem. Adult day care does not cover therapies: OT, PT or speech.
Kansas	1115 KanCare Demonstration	<i>Respite is a managed care supplemental service option for individuals enrolled in a managed</i>	<i>Service not covered in this waiver; however, it is a supplemental service option for those enrolled with a managed care plan</i>	N/A	N/A Facility-based N/A In-home	N/A	N/A	<i>Only for individuals enrolled in the 1915(c) HCBS for the Frail Elderly Waiver - This service is designed to maintain optimal physical and social functioning for HCBS/FE participants. This service provides a balance of activities to meet the interrelated needs and interests (e.g., social, intellectual, cultural, economic, emotional, and physical) of FE participants.</i>

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
		care plan; Adult Day						This service shall not duplicate waiver services. This service includes: • Basic nursing care as delegated or provided by a licensed nurse and as identified in the service plan. • Daily supervision/physical assistance with activities of daily living (ADLs) to meet the participant's needs, as identified in the Customer Service Worksheet and Person-Centered Service Plan. • Unit definition is included in the proposed Waiver Application under J-2. d and referenced below.
	1915(c) KS Physical Disability Waiver	None offered	Service not covered in this waiver	N/A	N/A	N/A	N/A	Service not covered in this waiver
	1915(c) KS HCBS for the Frail Elderly	Adult day care/services (social model)	Service not covered in this waiver	N/A	N/A Facility-based N/A In-home	N/A	N/A	This service is designed to maintain optimal physical and social functioning for HCBS/FE participants. This service provides a balance of activities to meet the interrelated needs and interests (e.g., social, intellectual, cultural, economic, emotional, and physical) of FE participants. This service shall not duplicate waiver services. This service includes: • Basic nursing care as delegated or provided by a licensed nurse and as identified in the service plan. • Daily supervision/physical assistance with activities of daily living (ADLs) to meet the participant's needs, as identified in the Customer Service Worksheet and Person-Centered Service Plan. • Unit definition is included in the proposed Waiver Application under J-2. d and referenced below.
Kentucky	1915(c) KY Home and Community Based Waiver	Respite (specialized - in-home, out-of-home), respite	<u>Specialized Respite</u> services are defined as short-term care which is provided to a waiver participant due to the need for relief of the primary caregiver or the sudden absence or illness of the primary caregiver who normally provides care for the participant. Specialized Respite direct care staff must have 24-hour access to an RN for consultation and emergency situations.	\$200 per day alone or in combination with non-specialized respite. Specialized respite alone or in combination with non-specialized respite shall not exceed \$4,000 per level of care year. Respite cannot be	<input type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes (only for non-specialized respite)	Only for non-specialized respite: <input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day health care (ADHC) services must include basic and ancillary services for waiver participants who are twenty-one (21) years or older. ADHC services are given in accordance with 902 KAR 20:066 operations and services; adult day health

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		(non-specialized - in-home, out-of-home), Adult day health care	Services must be provided at a level to appropriately and safely meet the support needs of the waiver participant and that the Specialized Respite provider has the appropriate training and qualifications. Specialized Respite care services shall be required to be of a skill level beyond normal babysitting. Specialized Respite can be provided in conjunction with participant-directed respite but not at the same time. Specialized Respite services shall only be provided by licensed home health agencies or adult day health care agencies and can be provided in the following locations: (a) The home of the participant or (b) An adult day health care center licensed by the state of Kentucky (c) Combination of home and adult day health care center Specialized Respite services shall be prior authorized.; <u>Non-specialized respite care</u> is short-term care due to an absence or need for relief of the primary caregiver and be utilized for participants who are unable to independently manage or execute self-care. Non-specialized respite care services should be provided in accordance with goals established during person-centered service plan development. Non-specialized respite care shall address individualized self-care, safety, positive social impact and recreational needs, and supervision needs. Non-specialized respite care services must be provided at a level to appropriately and safely meet the needs of the participant including continual monitoring and supervision. Receipt of respite care does not preclude a participant from receiving other services on the same day if the other services are not provided concurrently. Non-specialized respite may be provided in the participant's residence, in the community or at an Adult Day Health Care center.	billed concurrently with other services. Specialized Respite services must be approved by the Department or its designee prior to service delivery.				care centers. Basic services may include skilled nursing services, one or more meals per day but do not constitute a full nutritional regimen (i.e., three (3) full meals per day), snacks, RN supervision, regularly scheduled daily activities, crisis service, routine personal and healthcare needs and equipment essential to the provision of the ADHC services. All personal care needs that arise when a participant is receiving ADHC services should be addressed by ADHC staff and are considered a component of the ADHC service.
Louisiana	1915(c) LA Adult Day Health Care	Adult Day	<i>Service not covered in this waiver</i>	N/A	N/A Facility-based N/A In-home	N/A	N/A	Services furnished as specified in the plan of care at an ADHC center, in a non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the participant. All ADHCs shall be compliant with the HCBS Settings Rule and will incorporate appropriate non-residential qualities of a home and community-based setting as described in 42 CFR 441.301(c)(4)(5). Adult Day Health Care (ADHC) Services include: - One nutritionally-balanced hot meal and a

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
								<ul style="list-style-type: none"> - minimum of two snacks served each day; - Transportation between the participant's place of residence and the ADHC center, in accordance with licensing standards; - Assistance with activities of daily living; - Health and nutrition counseling; - Individualized daily exercise program; - Individualized goal-directed recreation program; - Daily health education; - Medical care management; - Transportation to and from medical and social activities if the participant is accompanied by the ADHC center staff; and - Individualized health/nursing services. Nurses are involved in the participant's service delivery, as specified in the plan of care or as needed. Each participant has a plan of care from which the ADHC provider develops an individualized service plan. If the individualized service plan calls for certain health and nursing services, the nurse on staff ensures that said services are delivered while the participant is at the ADHC center.
	1915(c) LA Community Choices	Respite (called Caregiver Temporary Support Service): out-of-home and in-home options; Adult Day Health	Caregiver Temporary Support Services are furnished on a short-term basis because of the absence or need for relief of caregivers during the time they are normally providing unpaid care for the participant. Federal Financial participation is not claimed for the cost of room and board except when provided as part of Caregiver Temporary Support Services furnished in a facility approved by the State that is not a private residence. The intent of Caregiver Temporary Support Services is to provide relief to unpaid caregivers to maintain the informal support system. Caregiver Temporary Support Services are provided in the participant's home or place of residence or in the following locations: - Nursing Facilities; - Assisted Living Facilities/Adult Residential Care Facilities; - Respite Centers; and - Adult Day Health Care centers. Caregiver Temporary Support Services may be provided for the relief of the principal caregiver for participants who receive Monitored In-Home Caregiving services.	Caregiver Temporary support services may be utilized no more than 30 days or 29 overnight stays per Plan of Care (POC) year for no more than 14 consecutive calendar days or 13 consecutive overnight stays. The service limit may be increased based on documented need and prior approval by OAAS. Caregiver temporary support services provided by nursing facilities, assisted living facilities and respite centers must include an overnight stay. When Caregiver temporary support service is provided by an ADHC center, services may be provided no more than 10 hours per day.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<ul style="list-style-type: none"> - Services furnished as specified in the plan of care at an ADHC center, in a non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the participant. All ADHCs shall be compliant with the HCBS Settings Rule and will incorporate appropriate non-residential qualities of a home and community-based setting as described in 42 CFR 441.301(c)(4)(5). Adult Day Health Care (ADHC) Services include: - One nutritionally-balanced hot meal and a minimum of two snacks served each day; - Transportation between the participant's place of residence and the ADHC center, in accordance with licensing standards; - Assistance with activities of daily living;

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								Health and nutrition counseling; - Individualized daily exercise program; - Individualized goal-directed recreation program; - Daily health education; - Medical care management; - Transportation to and from medical and social activities if the participant is accompanied by the ADHC center staff; and - Individualized health/nursing services. Nurses are involved in the participant's service delivery, as specified in the plan of care or as needed. Each participant has a Plan of Care (POC) from which the ADHC provider develops an individualized service plan. If the individualized service plan calls for certain health and nursing services, the nurse on staff ensures that said services are delivered while the participant is at the ADHC center.
Maine	1915(c) Elderly and Adults with Disabilities Waiver	Respite	Respite Care is provided to a waiver participant who is unable to care for him or herself, and who requires care on a short-term basis due to the temporary absence of, or to provide relief for, the caregiver who normally provides the care. Respite Services shall be provided by a qualified staff person, in the members home, or respite shall be provided in a licensed nursing facility. For respite services delivered in the members home, the appropriate staff for meeting the member's needs (i.e., HHA/CNA or PSS) may be utilized and reimbursement shall be at that worker regular rate. Federal financial participation shall not be claimed for room and board except when provided as part of respite care in a licensed nursing facility.	Expenditures for respite care shall not exceed the allowed maximum, which is equal to the State average cost of thirty (30) days nursing facility services, per State fiscal year, per member.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	<i>Service not covered in this waiver</i>
Maryland	1915(c) Home and Community-Based Options Waiver	Respite care, medical day care (adult day)	Respite can be provided on a short-term basis to relieve those family care givers who normally provide the participant's care. Respite care may be provided in a Medicaid-certified nursing facility, or an assisted living facility approved by the State. Respite care that entails performing delegated nursing functions such as assistance with self-administration of medications or administration of medications by the facility aide are covered if the service is provided by an appropriately trained aide under the supervision of a licensed registered nurse, in accordance with Maryland's Nurse Practice Act, COMAR 10.27.11 Delegation of Nursing Functions.	Respite Care is limited to no more than 14 days of respite care in a nursing facility and/or assisted living facility for a waiver participant over 12 calendar months. Out-of-home respite care is only covered for overnight stays.	<input checked="" type="checkbox"/> Facility-based <input type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Medical Day Care is a program of medically supervised services to include both health-related and social services provided 4 or more hours a day in an ambulatory, community-based setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3

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								<p>meals per day) Medical Day Care includes the following services: (1) Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care; (2) Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse; (3) Physical therapy services, performed by or under supervision of a licensed physical therapist; (4) Occupational therapy services, performed by an occupational therapist; (5) Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene; (6) Nutrition services; (7) Social work services performed by a licensed, certified social worker or licensed social work associate; (8) Activity Programs; and (9) Transportation Services. Specify limits, etc. A waiver participant must attend the MDC a minimum of 4 hours per day for the service to be reimbursed. The frequency of attendance is determined by the physician orders and is part of the service plan. Medical Day Care is not a State Plan Service or offered under EPSDT. The Program will reimburse for a day of care when this care is: (1) Medically necessary; (2) Adequately described in progress notes in the participant's medical record, signed and dated by the individual providing care; (3) Provided to participants certified by the Department as requiring nursing facility care; (4) Provided to participants certified present at the medical day care center a minimum of 4 hours a day by an adequately maintained and documented participant register; (5)</p>

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								Specified in the participant's service plan; and (6) Limited to one unit per day.
Massachusetts	1915(c) MA Frail Elder Waiver	Respite, Adult Day Health	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. Federal Financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. 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. In addition to respite care provided in the participants home or private place of residence, Respite Care services may be provided in the following locations: -Respite Care in an Adult Foster Care Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider. -Respite Care in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health. -Respite Care in a Rest Home provides residential care for clients in a supervised, supportive and protective environment. A Rest Home must be licensed by the Department of Public Health. -Respite Care in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health. -Respite Care in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs. -Respite Care in an Adult Day Health program provides an organized program of health care and supervision, restorative services, and socialization for elders who require skilled services or physical assistance with activities of daily living. Nutrition and personal care services are also provided to participants. Adult Day Health programs must be approved for operation by MassHealth. Respite services provided in an Adult Foster Care Program, Hospital, Rest Home, Skilled Nursing Facility or Assisted Living Residence may include the costs of room and board.	Not specified in waiver	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Respite Care in an Adult Day Health program provides an organized program of health care and supervision, restorative services, and socialization for older people who require skilled services or physical assistance with activities of daily living. Nutrition and personal care services are also provided to participants. Adult Day Health programs must be approved for operation by MassHealth.
Michigan	1915(c) MI	Respite (out-of-	Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis due to the	There is a 30-days-per-calendar-year-limit on respite services provided	<input checked="" type="checkbox"/> Facility-based	Yes	<input type="checkbox"/> Legally-responsible person	Adult Day Health services are furnished four or more hours per day on a regularly

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	Choice Waiver	home), respite (in-home), Adult Day Health	absence of, or need of relief for, those individuals normally providing services and supports for the participant. Services may be provided in the participant's home, in the home of another, or in a Medicaid-certified hospital, a licensed Adult Foster Care or Home for the Aged facility, a Medicaid-certified nursing facility, or another State approved facility. Respite does not include the cost of room and board, except when provided as part of respite furnished in a facility approved by MDHHS that is not a private residence. Services include Attendant Care (participant is not bed-bound), such as companionship, supervision, and assistance with toileting, eating, and ambulation. Basic Care (participant may or may not be bed-bound), such as assistance with ADLs, a routine exercise regimen, and self-medication.	outside the home. The costs of room and board are not included except when respite is provided in a facility approved by the State that is not a private residence. Respite services cannot be scheduled on a daily basis, except for longer-term stays at an out-of-home respite facility. Respite should be used on an intermittent basis to provide scheduled relief of informal caregivers. Where applicable, the participant must use Medicaid state plan, Medicare, or other available payers first. The participant's preference for a certain provider or agency is not grounds for declining another payer in order to access waiver services.	<input checked="" type="checkbox"/> In-home		<input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, 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, then MI Choice would pay for the transportation to and from the Adult Day Health Center separately.
	1915(c) MI Health Link HCBS Waiver	Respite (out-of-home), respite (in-home), Adult Day Health/Program. Note: Respite is available as a supplemental service within	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 include: a.) Attendant care (enrollee is not bed-bound) such as companionship, supervision, and/or assistance with toileting, eating, and ambulation. b.) Basic care (enrollee may or may not be bed-bound) such as assistance with ADLs, a routine exercise regimen, and self-medication.	Respite (in-home and out-of-home) 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.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	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 service plan, 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

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	Additional source: Minimum Operating Standards For MI Health Link Program and MI Health Link HCBS Waiver	Michigan Health Link (MHL). This means it is available to all MHL enrollees in addition to those enrolled in the MHL 1915(c) waiver.						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 ICOs would pay for the transportation to and from the Adult Day Program center separately through MI Health Link c-waiver funds.
Minnesota	1915(c) MN Community Access for Disability Inclusion	Respite (in-home, out-of-home); crisis respite, adult day service, adult day service bath	Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence. Respite may be provided in the participant's home or place of residence, or one of the following out of home settings: • Foster care home or community residential setting • Residential hospice facilities defined under Minnesota Statutes, section 144A.75 subd. 13(a)(1) serving hospice patients as defined under Minnesota Statutes, section 144A.75, subd. 6(2) • Medicare certified hospital • Medicare certified nursing facility • Certified camps • Unlicensed settings for adults 18 years of age or older where agency and individual providers must be licensed under Minnesota Statutes, chapter 245D or meet the exclusion requirements. • Unlicensed settings for children younger than age 18 where individual providers are related to the person and must be licensed under Minnesota Statutes, Chapter 245D or meet the exclusion requirements. FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in one of the licensed out-of-home settings listed above. In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant,	Respite care is not available to participants living in settings where Customized Living, or shift staff Foster Care are provided, with the exception of community emergencies or disasters. Respite care provided in homes licensed to provide foster care is limited to serving a maximum of four people, including the participants who are receiving respite care, unless the provider has received a variance to allow for the use of a fifth bed for respite under Minnesota Statutes, section 245A.11, Subd. 2a, paragraph (e). Respite care provided in facilities licensed under Minnesota Statutes, section 144A.75, subd. 13(a)(1) is limited to serving a maximum of 8 people. Respite care provided in unlicensed settings for adults 18 years of age or older is limited to serving a maximum of six people. This limitation does not apply to camps. Respite care is limited to 30 consecutive days per respite occurrence when provided 24 hours a day. For participants receiving respite care the following services are not covered: community residential	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	The purpose of adult day service is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the support plan. Services must be designed to meet both the health and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. Coverage of meals must be in accordance with 42 CFR §441.310 (a)(2)(ii). In order to be covered as a waiver service, the adult day service must: A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant; B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members; C. Make available access to and participation in the community through cooperative programming with community agencies

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			<p>and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. Other limitations on this service may be waived by the commissioner, as necessary, in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Respite (in-home--15-minute units), remote support, is the following: Remote support is the provision of respite by a staff or caregiver from a remote location who is engaged with a person through the use of enabling technology* that utilizes live two-way communication**. Remote support can include offsite supervision and support by a direct staff or caregiver responsible for responding to a person's health, safety and other support needs as needed when the method of support is appropriate, chosen and preferred by the person. A person has a right to refuse, stop or suspend the use of remote support at any time. Remote support can be initiated by the person or the caregiver on either a scheduled or intermittent/as needed basis depending on the individual support needs of the person and as documented in the person's support plan. The person's support plan must document:</p> <ul style="list-style-type: none"> • the assessed needs and identified goals of the person that can be met using remote supports; • how remote support will support the person to live and work in the most integrated community settings; • the needs that must be met with in-person support; • how remote support does not replace in-person support provided as a core service function; • the plan for providing in-person and remote supports based on the person's needs to ensure their health and safety; and • whether the person, or their guardian (if applicable), agrees to the use of cameras for the delivery of the service. The direct staff or caregiver responsible for responding to a person's health, safety and other support needs through remote support must: • Respect and maintain the person's privacy at all times, including when the person is in settings typically used by the general public; • Respect and maintain the person's privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety and other support needs for or personal cares (DHS approval is 	<p>services, customized living or integrated community supports with the exception of community emergencies or disasters. Remote support does not fund the enabling technology. Technology may be covered through CDCS - environmental modifications and provisions, environmental accessibility adaptations or specialized equipment and supplies. Remote support does not include the use of cameras in bathrooms.</p>				<p>such as senior citizens centers or clubs, generic service organizations, and adult education. The cost of transportation is not included in the rate paid to providers of adult day services. Authorizations for adult day services after Jan. 1, 2021 may only occur when all of the criteria below is met:</p> <ul style="list-style-type: none"> •The service is chosen by a person age 55 or older •The person did not choose Day Support Services or Employment Services •Adult Day Services meet the outcomes desired by the person People who receive adult day services prior to Jan. 1, 2021, regardless of age, may continue to use adult day services if they are assessed to need the service and if they choose it from available options.; <p>Adult day service bath - A participant may receive a bath provided by an adult day care provider when it is not appropriate to provide baths in the participants living setting. This service is limited to two 15-minute units of service per day.</p>

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			required for cameras in bedrooms. Use of cameras in bathrooms are prohibited.); • Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA). During the enrollment process, providers sign the MHCP Provider Agreement (DHS-4138) and agree to comply with the data privacy provisions in paragraph 21 of the agreement. *Enabling technology is the technology that makes the on-demand remote supervision and support possible. **Live two-way communication is the real-time transmission of information between a person and an actively involved caregiver. It can be conveyed through the exchange of speech, visuals, signals or writing but must flow both ways and be in actual time. All transmitted electronic written messages must be retrievable for review.					
	1915(c) MN Community Alternative Care Waiver	Respite (in-home, out-of-home); crisis respite, adult day service, adult day service bath	Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence. Respite may be provided in the participant's home or place of residence, or one of the following out of home settings: • Foster care home or community residential setting • Residential hospice facilities defined under Minnesota Statutes, section 144A.75 subd. 13(a)(1) serving hospice patients as defined under Minnesota Statutes, section 144A.75, subd. 6(2) • Medicare certified hospital • Medicare certified nursing facility • Certified camps • Unlicensed settings for adults 18 years of age or older where agency and individual providers must be licensed under Minnesota Statutes, chapter 245D or meet the exclusion requirements. • Unlicensed settings for children younger than age 18 where individual providers are related to the person and must be licensed under Minnesota Statutes, Chapter 245D or meet the exclusion requirements. FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in one of the licensed out-of-home settings listed above. In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the	For participants receiving respite care the following services are not covered: community residential services, customized living or integrated community supports with the exception of community emergencies or disasters. Respite care provided in homes licensed to provide foster care is limited to serving a maximum of four people, including the participants who are receiving respite care, unless the provider has received a variance to allow for the use of a fifth bed for respite under Minnesota Statutes, section 245A.11, Subd. 2a, paragraph (e). Respite care provided in facilities licensed under Minnesota Statutes, section 144A.75 subd. 13(a)(1) is limited to serving a maximum of eight people. Respite care provided in unlicensed settings for adults 18 years of age or older is limited to serving a maximum of six people. This limitation does not apply to camps. Respite care is limited to 30 consecutive days per respite occurrence when provided 24 hours a day. Remote support does not	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	The purpose of adult day service is to provide supervision, care, assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the community support plan. Services must be designed to meet both the health and social needs of the participant. Services shall not be authorized for more than 12 hours in a continuous 24-hour period. Coverage of meals must be in accordance with 42 CFR 441.310 (a)(2)(ii). In order to be covered as a waiver service, the adult day care service must: A. Include the use of tasks and materials that are age-appropriate for people without disabilities who are the same or near the same chronological age as the participant; B. Maximize community inclusion opportunities by offering or providing community integration services designed to increase and enhance each participant's social and physical interaction with people without disabilities who are not paid caregivers or staff members; C. Make available access to and participation in the community through cooperative

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			<p>primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. Other limitations on this service may be waived by the commissioner, as necessary, in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Respite (in-home--15-minute units), remote support, is the following: Remote support is the provision of respite by a staff or caregiver from a remote location who is engaged with a person through the use of enabling technology* that utilizes live two-way communication**. Remote support can include offsite supervision and support by a direct staff or caregiver responsible for responding to a person's health, safety and other support needs as needed when the method of support is appropriate, chosen and preferred by the person. A person has a right to refuse, stop or suspend the use of remote support at any time. Remote support can be initiated by the person or the caregiver on either a scheduled or intermittent/as needed basis depending on the individual support needs of the person and as documented in the person's support plan. The person's support plan must document:</p> <ul style="list-style-type: none"> • the assessed needs and identified goals of the person that can be met using remote supports; • how remote support will support the person to live and work in the most integrated community settings; • the needs that must be met with in-person support; • how remote support does not replace in-person support provided as a core service function; • the plan for providing in-person and remote supports based on the person's needs to ensure their health and safety; and • whether the person, or their guardian (if applicable), agrees to the use of cameras for the delivery of the service. The direct staff or caregiver responsible for responding to a person's health, safety and other support needs through remote support must: • Respect and maintain the person's privacy at all times, including when the person is in settings typically used by the general public; • Respect and maintain the person's privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person's health, safety and 	<p>fund the enabling technology. Technology may be covered through CDCS - environmental modifications and provisions, environmental accessibility adaptations or specialized equipment and supplies. Remote support does not include the use of cameras in bathrooms.; Crisis respite - Remote support does not fund the enabling technology. Technology may be covered through CDCS - environmental modifications and provisions, environmental accessibility adaptations or specialized equipment and supplies. Remote support does not include the use of cameras in bathrooms.</p>				<p>programming with community agencies such as senior citizens centers or clubs, generic service organizations, and adult education. The cost of transportation is not included in the rate paid to providers of adult day services. Authorizations for adult day services after Jan. 1, 2021 may only occur when all of the criteria below is met:</p> <ul style="list-style-type: none"> •The service is chosen by a person age 55 or older •The person did not choose Day Support Services or Employment Services •Adult Day Services meet the outcomes desired by the person <p>People who receive adult day services prior to Jan. 1, 2021, regardless of age, may continue to use adult day services if they are assessed to need the service and if they choose it from available options.</p>

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			other support needs for or personal cares (DHS approval is required for cameras in bedrooms. Use of cameras in bathrooms are prohibited.); • Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA). During the enrollment process, providers sign the MHCP Provider Agreement (DHS-4138) and agree to comply with the data privacy provisions in paragraph 21 of the agreement. *Enabling technology is the technology that makes the on-demand remote supervision and support possible. **Live two-way communication is the real-time transmission of information between a person and an actively involved caregiver. It can be conveyed through the exchange of speech, visuals, signals or writing but must flow both ways and be in actual time. All transmitted electronic written messages must be retrievable for review.					
	1915(c) MN Elderly Waiver	Respite (out-of-home), respite (in-home), adult day health/services, adult day services bath	Respite care may be provided to participants who are unable to care for themselves. The service is furnished on a short-term basis because of the absence or need for relief of the person who normally provides the care and who is not paid or is only paid for a portion of the total time of care or supervision provided. The unpaid caregiver does not need to reside in the same home as the participant. Respite care may be provided in the participant's home or place of residence; a home licensed to provide foster care; a community residential setting (CRS); a Medicare certified hospital or nursing facility; a licensed assisted living facility; certified camps; unlicensed settings where agencies or individual providers must be licensed under Minnesota Statutes, chapter 245D or meet the exclusion requirements or another private home that is identified by the participant. Respite care may be provided in a private (unlicensed) home identified by the participant when it is determined by the case manager that the service and setting can safely meet the participant's needs. The case manager must take into account the accessibility and condition of the physical setting, ability and skill level of the respite caregiver, and the participant's needs and preferences. The unlicensed home and caregiver identified by the participant cannot otherwise be in the business or routine practice of providing respite services. Respite Services remote support is the following: Remote support is a provision of Respite service by a staff or caregiver from a remote location who is engaged with a person through	Respite care is limited to 30 consecutive days per respite stay in accordance with the care plan. Participants who live in settings that are responsible to provide customized living, 24-hour care, supervision, residential care or shift staff foster care or supports are not eligible for this service with the exception of community emergencies or disasters requiring relocation of waiver participants. The person or people who provide the care or supervision and for whom the respite service is to provide relief shall not be paid to provide the respite service. Respite Service remote support is only available when in home respite is being provided. Remote support does not fund the enabling technology. Technology may be covered through Assistive Technology, CDCS-Environmental Modifications and Provisions, Environmental Accessibility Adaptations or Specialized Equipment and Supplies. Remote support does not	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	The purpose of adult day service is to provide supervision, care assistance, training and activities based on the participant's needs and directed toward the achievement of specific outcomes as identified in the support plan. Services must be designed to meet both the health and social needs of the participants. In order to be covered as a waiver service, the adult day service must: A. Comply with all requirements for home and community-based settings set forth in 42 CFR 441.301(c); B. Offer a variety of meaningful and age-appropriate activities that are responsive to the goals, interests and needs of participants; C. Maximize opportunities for community inclusion by offering or providing activities designed to increase and enhance each participant's social and physical interaction with their community; and D. Afford flexible scheduling of adult day services to accommodate a participant's work schedule. Meals provided as part of this service shall be in accordance with 42 CFR 441.310(a)(2)(ii).

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			<p>the use of enabling technology * that utilizes live two-way communication**. Remote support can include offsite supervision and support by direct staff or caregiver responsible for responding to a person’s health, safety and other support needs as needed when the method of support is appropriate, chosen and preferred by the person. A person has a right to refuse, stop, or suspend the use of remote support at any time. Remote support can be initiated by the person or the caregiver on either a scheduled or intermittent/as needed basis depending on the individual support needs of the person and as documented in the person’s support plan. The person’s support plan must document: • the assessed needs and identified goals of the person that can be met using remote supports; • how remote support will support the person to live and work in the most integrated community settings; • the needs that must be met with in-person support; • how remote support does not replace in-person support provided as a core service function; • the plan for providing in-person and remote supports based on the person’s needs to ensure their health and safety; and • whether the person, or their guardian (if applicable), agree to the use of cameras for the delivery of the service. The direct staff or caregiver responsible for responding to a person’s health, safety and other support needs through remote support must: • respect and maintain the person’s privacy at all times, including when the person is in settings typically used by the general public; • respect and maintain the person’s privacy at all times, including when scheduled or intermittent/as-needed support includes responding to a person’s health , safety and other support needs for personal cares (DHS approval is required for cameras in bedrooms. Use of cameras in bathrooms are prohibited); • ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA). During the enrollment process, providers sign the MHCP Provider Agreement (DHS-4138) and agree to comply with the data privacy provisions in paragraph 21 of the agreement. *Enabling technology is the technology that makes the on-demand remote supervision and support possible. **Live two-way communication is the real-time transmission of information between a person and an actively involved caregiver. It can be conveyed through the exchange of speech, visuals, signals or writing but must flow both ways and be in actual time. All</p>	<p>include the use of cameras in bathrooms.</p>				

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			transmitted electronic written messages must be retrievable for review. Coverage for respite care provided in licensed facilities will include both services and room and board, as appropriate. Room and board will not be covered for respite care provided in the participant's home, participant's family home, or in an unlicensed, private home. In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. This does not allow the primary caregiver to provide respite services. Other limitations on this service may be waived by the commissioner, as necessary; in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis.					
	1115 Minnesota a 2020 System Reform Demonstration	Respite care, adult day service/adult day service bath (called Alternative Care Services)	[The service definitions and standards for Alternative Care services are the same as the service definitions and standards specified in the federally approved 1915(c) Elderly Waiver. In summary, Alternative Care program benefits include but are not limited to: a. Adult day service/adult day service bath; b. Family caregiver training and education; c. Case management and conversion case management; d. Chore services; e. Companion services; f. Consumer-directed community supports; g. Home health services; h. Home-delivered meals; i. Homemaker services; j. Environmental accessibility adaptations; k. Nutrition services; l. Personal care; m. Respite care; n. Skilled nursing and home care nursing; o. Specialized equipment and supplies including Personal Emergency Response System (PERS); p. Non-medical Transportation; q. Tele-home care; and, r. Individual Community Living Supports (ICLS).]	The monthly cost of the Alternative Care services must not exceed 75 percent of the monthly budget amount available for an individual with similar assessed needs participating in the Elderly Waiver program	<i>Not specified in waiver</i>	No	<i>Not specified in waiver</i>	[The service definitions and standards for Alternative Care services are the same as the service definitions and standards specified in the federally approved 1915(c) Elderly Waiver. In summary, Alternative Care program benefits include but are not limited to: a. Adult day service/adult day service bath; b. Family caregiver training and education; c. Case management and conversion case management; d. Chore services; e. Companion services; f. Consumer-directed community supports; g. Home health services; h. Home-delivered meals; i. Homemaker services; j. Environmental accessibility adaptations; k. Nutrition services; l. Personal care; m. Respite care; n. Skilled nursing and home care nursing; o. Specialized equipment and supplies including Personal Emergency Response System (PERS); p. Non-medical Transportation; q. Tele-home care; and, r.

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								Individual Community Living Supports (ICLS).]
Mississippi	1915(c) MS Elderly and Disabled	In-home respite, institutional respite, adult day health/care	<p><u>In-home respite services</u> are provided to persons unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those person's normally providing the care. Respite service is nonmedical care and supervision provided to the person in the absence of the person's primary full-time, live-in caregiver/caregivers on a short-term basis. Services are to assist the caregiver/caregivers during a crisis situation and/or as scheduled relief to the primary caregiver/caregivers to prevent, delay or avoid premature institutionalization of the person. In-home respite services are provided in the home of the person. The person must be homebound due to physical or mental impairments where they are normally unable to leave home unassisted, require 24 hour assistance of the caregiver, and unable to be left alone and unattended for any period of time.</p> <p>Minimum Program Requirements/Service Activities All in-home respite service providers must adhere to the following minimum program requirements and service activities:</p> <p>A) Activities- The respite provider must provide one or more of the following primary activities: companionship, support or general supervision, feeding and personal care needs. The provision of these services does not entail hands-on nursing care. Any assistance with activities of daily living is incidental to the care of the individual and are not provided as discrete services.</p> <p>B) Safety- The in-home respite provider should be aware of potential hazards in the person's home environment and should do everything possible to ensure a safe environment for the person.</p> <p>C) Reporting- In-home respite staff shall report abusive behavior or situations to their supervisor immediately. Also, such behavior by a person should be documented in the case record.</p> <p>D) Harassment- In-home respite staff shall not allow or be subjected to sexual harassment or advances by persons. This kind of behavior should not be tolerated. The staff must firmly state to the person or caregiver in the home that such behavior will be reported to the supervisor. The person and caregiver should be notified that such behavior</p>	<p><u>In-home respite</u> - One unit of service equals 15 minutes of relief to the caregiver. Respite will be approved for no more than sixty (60) hours per month to any person. Any respite greater than sixteen (16) continuous hours must have prior approval by the case management team.; <u>Institutional respite</u> - Up to thirty calendar days per fiscal year. The days do not have to be taken concurrently.</p>	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult day care (ADC) services are defined as services for aged and disabled individuals and consist of the provision of services at a day care program site. Adult day care is the arrangement of a structured, comprehensive program which provides a variety of health, social and related supportive services in a protective setting during the daytime and early evening hours. This community-based service is designed to meet the needs of aged and disabled individuals through an individualized care plan, including personal care and supervision, provision of meals as long as meals do not constitute a full nutritional regimen, medical care, transportation to and from the site, social, health and recreational activities, and information on, and referral to, vocational services. Adult day care activities must be allowable only to the degree that they are not diversionary in nature, and are included in a person-centered plan of care, are verifiable, and are monitored by the person's assigned case manager. The activities should optimize, but not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment and personal preferences. The adult day program must provide, or contract for, safe reliable transportation to enable persons, including persons with disabilities, to attend the center and to participate in center-sponsored outings. Transportation between the person's place of residence and the adult day care center, as well as to and from center-sponsored outings, will be provided as a required component part of

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			<p>could jeopardize the service being received in the future.</p> <p>E) Documentation- The in-home respite provider shall note on the record of contact all factual observation, contacts, or visits with the person and actions or behavior displayed by the person. This documentation is essential in determining if changes should be made on the PSS. It is also essential to show that certain tasks were performed on certain dates and times. The in-home respite supervisor/provider agency must review copies of the in-home respite contact sheets for each visit indicating arrival and departure times, any services performed while in the home, any other pertinent information concerning the person, and signature of the caregiver to verify services were received. The documentation must be maintained in the provider files.</p> <p>F) Coordination with case management- The in-home respite supervisor shall maintain regular and ongoing communication with the case management provider regarding case-managed respite persons. The case manager shall develop and direct the PSS for case managed persons that are referred for respite services. The respite provider must report to the case management agency any information pertinent to the person's status.</p> <p>G) Termination of respite services- Persons receiving respite services shall be terminated based on the following criteria:</p> <ol style="list-style-type: none"> 1) Death; 2) Relocation out of state or services area; 3) Increase of informal or formal support; 4) Improved health status or condition; 5) Person and/or caregiver become abusive and belligerent, including sexual harassment; 6) Person and/or caregiver refused services; 7) Caregiver/person reports that he/she no longer needs the service; 8) Caregiver does not return to relieve respite provider as scheduled. Exceptions may be made in extreme cases of emergency; 9) Person is placed in a long term care facility; 10) Person is not Medicaid eligible; 11) The person's home environment is not safe for services to be rendered 					<p>adult day care service, and as such the cost of transportation is included in the approved ADC rate. ADC settings must be integrated in, and support full access to, the greater community.</p>

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			<p>Any situation involving the above criteria must be reported to the respite supervisor and waiver case manager, and documented in the person's case record.</p> <p>The case management agency is the first line of contact with the person and reports situation that may result in termination of respite services as described above to DOM. A decision to terminate is ultimately the responsibility of DOM. After DOM has notified the case management agency that the respite service is being terminated, the case management agency provides to the person written notification of the decision, explaining their right to appeal, and the procedures for requesting a State Fair Hearing.; Institutional respite - Institutional Respite Services are services provided to persons who are unable to care for themselves, and because of the absence or need for relief of those persons normally providing this care.</p>					
Missouri	1915(c) MO Structured Family Caregiving Waiver	None offered	<i>Service not covered in this waiver</i>	N/A	N/A	N/A	N/A	<i>Service not covered in this waiver</i>
	1915(c) MO Adult Day Care Waiver	Adult day	<i>Service not covered in this waiver</i>	N/A	N/A Facility-based N/A In-home	N/A	N/A	The continuous care and supervision of disabled adults in a licensed adult day care setting. Services include but are not limited to assistance with activities of daily living, planned group activities, food services, client observation, skilled nursing services as specified in the plan of care, and transportation. Skilled nursing services are not a part of this waiver, but rather the adult day care setting may provide these services if they are needed through their adult day care license. Through the completion of a comprehensive assessment and person-centered care plan, any services received by the participant at the adult day care setting would not duplicate those services received through EPSDT. Planned group activities include socialization, recreation and cultural activities that stimulate the individual and

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								help the client maintain optimal functioning. The provider must arrange or provide transportation to the adult day care program at no cost to the participant. Reimbursement will be made for up to 120 minutes per day of transportation that is related to transporting an individual to and from the Adult Day Care setting. Meals provided as part of ADC shall not constitute a "full nutritional regimen" (3 meals per day).
	1915(c) MO Aged and Disabled	Basic respite (in-home), advanced respite (in-home), Adult Day Health/Care	<p>Basic Respite care services are maintenance and supervisory services provided to a participant with nonskilled needs in that individual's home because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship and direct participant assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service. Basic Respite is provided in 15-minute units. The established service planning and prior authorization processes ensure that Basic Respite does not overlap any of the other respite services that can be authorized.;</p> <p>Advanced Respite care services are maintenance and supervisory services provided to a participant with nonskilled needs that require specialized training in that individual's home because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship, and direct participant assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service. Advanced Respite is provided in 15-minute units. Participants appropriate for Advanced Respite care include, but are not limited to: (1) participants who are essentially bedfast, and require specialized care involving turning and position, including assistance with mechanical transfer equipment and/or assistance with elimination, including the use of a urinal, bed pan, catheter and/or ostomy (2) participants who have behavior disorders</p>	<i>Not specified in waiver</i>	<input type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	The continuous care and supervision of aged and/or disabled adult in a licensed adult day care (ADC) program. Services include assistance with activities of daily living, planned group activities, food services, participant observation, skilled nursing services as specified in the plan of care, and transportation. Planned group activities include socialization, recreation and cultural activities that stimulate the individual and help the participant maintain optimal functioning. The provider must arrange or provide transportation to the ADC setting at no cost to the participant. Reimbursement will be made for up to 120 minutes per day of transportation that is related to transporting an individual to and from the ADC setting. Meals provided as part of ADC setting shall not constitute a "full nutritional regimen" (3 meals per day).

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			resulting in disruptive behavior especially due to Alzheimer's disease which requires close monitoring (3) participants who have health problems requiring manual assistance with oral medications (4) participants who have special monitoring and assistance needs due to swallowing problems. The established service planning and prior authorization processes ensure that Advanced Respite does not overlap any of the other respite services that can be authorized.					
Montana	1915(c) MT Montana Big Sky	Respite (out-of-home), respite (in-home), adult day health/adult day services (social model)	Respite care is short-term, intermittent care provided to members in need of supportive care to relieve those persons who normally provide the care. Respite care is only utilized to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, hospitals, group homes or residential hospice facilities. Respite care can be provided in the member's residence or by placing the member in another private residence, adult residential setting or other community setting, hospital, residential hospice, group home, therapeutic camp for children or adults with disabilities or licensed nursing facility.	When respite care is provided, the provision of, or payment for other duplicative services under HCBS is precluded (e.g., payment for respite when member is in Adult Day Care). Respite care is limited to no more than 30 consecutive days.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult Day Health provides a broad range of health, nutritional, recreational, and social services in settings outside the members place of residence. Adult Day Health services do not include residential overnight services. Adult day health services are furnished in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the member. Meals provided as part of these services shall not constitute a full nutritional regiment (3 meals per day). The scope of Adult Day Health service will not duplicate State Plan services or habilitation aid services. Transportation between the members place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services.
Nebraska	1915(c) NE HCBS Waiver for Aged & Adults with Disabilities	Respite (in-home and out-of-home), Adult Day Health	Respite care is temporary care of an aged adult or adult or child with disabilities to relieve the usual caregiver from continuous support and care responsibilities. Respite care may be provided in or out of the participant's home. Out of home respite care may be provided in the following locations: private residence of a respite service provider, licensed assisted living facility, licensed respite facility, licensed or approved childcare home or center, or other community settings. Providers must use Electronic Visit Verification when this service is provided in the participant's home.	Respite care may not be used to allow the usual caregiver to accept or maintain employment or pursue a course of study designed to fit the caregiver for paid employment or professional advancement. When the need for respite is identified, the amount authorized is based on the assessment of several factors such as the availability of informal support, potential for abuse/neglect, and caregiver health status. No more than	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult Day Health Services are structured social, and health activities provided outside of the participant's home. Providers must offer or make available through arrangements with community agencies or individuals, each of the services to meet the identified needs in the participant's person-centered plan and plan specific to Adult Day Health Services. The services components of Adult Day Health Services include personal care services, health assessment and nursing

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				360 hours within the participant's annual eligibility period may be authorized.				services, meal services, recreational therapy, supportive services, and other activities. Transportation is not a component of adult day health and is charged under the transportation service. Physical, occupational and speech/language therapies are not included as components of adult day health. Meals provided as part of this service do not constitute a full nutritional regimen (i.e., 3 meals per day). Relatives/guardians who provide adult day health services are either employees of a licensed adult day health agency or are the owner of a licensed adult day health agency.
Nevada	1915(c) NV HCBW for Persons with Physical Disabilities Waiver	Respite (in-home, facility-based)	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers provide general assistance with ADLs and IADLs, as well as provide supervision for recipients with functional impairments in their home or place of residence (community setting). Services may be for 24-hour periods, and the goal is relief of the primary caregiver.	Respite care is limited to 120 hours per recipient per year. Service must be prior authorized by ADSD. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<i>Service not covered in this waiver</i>
	1915(c) NV Waiver for the Frail Elderly	Respite (in-home), Adult Day Care	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers provide general assistance with ADLs and IADLs, as well as provide supervision for recipients with functional impairments in their home or place of residence (community setting). Services may be for 24-hour periods, and the goal is relief of the primary caregiver. Respite services are only provided in the recipient's home.	336 hours per duration of plan of care.	<input type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	Respite may be provided by relative. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.	Adult day care is a service provided for one or more days per week as authorized in the POC. These services are furnished in a non-institutional community-based setting, encompassing social services needed to ensure the optimal functions of the recipient. Meals provided as part of these services shall not constitute a full nutritional regime (three meals per day). This service is provided in accordance with the personalized goals in the POC. Transportation is not provided as a component of Adult Day Care service; however, providers can get reimburse under State Plan Non - Emergency Transportation (NET). DHCFP contracted a

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								vendor to handle and pay for all Medicaid recipients non-emergency transportation requests. Therapies (if needed) are furnished separate from the adult day care waiver service and is paid for under the State Plan programs. The Case Manager assesses and authorized the number of hours for Adult Day Care service. During the POC development, the ADSD CM utilizes the CSHA (NF LOC included) to determine applicant/recipient's need for Adult Day Care service based on the LOC needs, risk factor such as available or lack of support, wandering, etc., and other waiver/non-waiver services the individual is receiving.
New Hampshire	1915(c) NH Choices for Independence	Respite, Adult Medical Day Program	Respite services are provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care.	Services are limited to the equivalent of 30, 24-hour days of care per state fiscal year/participant. Services are provided in units of time that are determined appropriate by the caregiver and case manager.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult medical day programs provide a protective environment individual with cognitive impairments or who are at risk for isolation or institutionalization. Services include an array of social and health care services and provides day-time respite for primary caregivers. Services are furnished on a regularly scheduled basis, for one or more days per week.
New Jersey	1115 New Jersey FamilyCare Comprehensive Demonstration	In-home Respite, institutional respite, adult day health	Respite (Daily and Hourly) (Eligible for MFP 25%) 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. In the case where a person is in the personal preference program or is self-directing services, respite may be used to provide relief for the temporary absence of the primary paid caregiver. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence. Home Based Supportive Care (Eligible for MFP 25%) Home-Based Supportive Care (HBSC) services are designed to assist MLTSS participants with their Instrumental Activities of Daily Living (IADL) needs. HBSC are available to individuals	Respite is limited to up to 30 days per participant per calendar year. If respite is provided in a nursing home, room and board charges are included in the Institutional Respite rate. Respite will not be reimbursed for individuals who reside permanently in a Community Residential Service setting (CRS), an Assisted Living Residence or Comprehensive Personal Care Home or for individuals that are admitted to the Nursing Facility. Respite care must not be reimbursed as a separate service during the hours the participant is participating in	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<i>Not specified in waiver</i>	Social Adult Day Care (SADC) is a community-based group program designed to meet the nonmedical needs of adults with functional impairments through an individualized plan of care. SADC 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 SADC attend on a planned basis during specified hours. SADC assists its participants to remain in the community, enabling families and other caregivers to continue caring at home

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			<p>whose Activities of Daily Living (ADL) needs are provided by non-paid caregivers such as a family member or as a wrap-around service to non-Medicaid programs such as Veterans Health Care System that are assisting participants with their ADL health related tasks. HBSC services must address IADL deficits identified through the NJ Choice comprehensive assessment process and go beyond “health-related” services. HBSC is distinct from the state plan service of Personal Care Assistant (PCA) in that it does not include “hands on personal care”. According to N.J.A.C. 10:60-1.2, PCA services means “health related tasks performed by a qualified individual in a beneficiary’s home, under the supervision of a Registered Nurse, as certified by a physician in accordance with a beneficiary’s written plan of care”. HBSC includes services such as, but not limited to the following: meal preparation, grocery shopping, money management, light housework, laundry. Service Limitations: HBSC is not available for those who have chosen Assisted Living Services (ALR, CPCH, ALP). Since the PCA state plan service can assist with IADL, HBSC is offered only when ADL related tasks are provided by a caregiver or another non-Medicaid program.</p>	<p>either Adult Day Health Services or Social Adult Day Care. Services excluded from additional billing while simultaneously receiving Respite care include Chore, Home-Based Supportive Care, Home-delivered Meals, and Personal Care Assistant services. Sitter, live-in, or companion services are not considered Respite Services and cannot be authorized as such. 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. Eight or more hours of respite in one 24-hour period, provided by the same provider is the DAILY respite service. Provider Specifications: Respite care may be provided in the following location(s):</p> <ul style="list-style-type: none"> • Individual's home or place of residence • Medicaid certified Nursing Facility that has a separate Medicaid provider number to bill for Respite • Another community care residence that is not a private residence including: an Assisted Living Residence (AL), a Comprehensive Personal Care Home (CPCH), or an Adult Family Care (AFC) Home • Community Residential Services as 				<p>for a family member with impairment. SADC services must be provided for at least five consecutive hours daily, exclusive of any transportation time, up to five days a week.</p>

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
				licensed under N.J.A.C 10:44C for those individuals with a TBI diagnosis. Since the PCA state plan service can assist with IADL, Home-Based Supportive Care is offered only when ADL related tasks are provided by a caregiver or another non-Medicaid program.				
New Mexico	1115 New Mexico Centennial Care 2.0	Respite, adult day health	<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 private duty nurse (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	Respite services are limited to a maximum of 300 hours annually per care plan year.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	[Language from the 1115 waiver regarding the self-directed community benefit and personal care services (PCS):] the member has employer authority and directly hires PCS caregivers or contracts with an agency. [...] A person who serves as a designated representative of a participant for the purpose of directing personal care services cannot serve as a provider of personal care services for that participant.] [From New Mexico Managed Care Policy Manual: "Consumers eligible for PCS have the option of choosing the consumer-delegated or the consumer-directed personal care model. In both models, the consumer may select a family member (except the spouse), a friend, neighbor, or other person as the attendant. "]	Adult Day Health services provide structured therapeutic, social and rehabilitative services designed to meet the specific needs and interests of members by the care plans incorporated into the care plan. Adult Day Health Services are provided by a licensed adult day-care, community-based facility that offers health and social services to assist members to achieve optimal functioning. Private Duty nursing services and skilled maintenance therapies (physical, occupational and speech) may be provided within the Adult Day Health setting and in conjunction with the Adult Day Health services but would be reimbursed separately from reimbursement for Adult Day Health services.

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
			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.					
New York	1915(c) NY Nursing Home Transition & Diversion Medicaid Waiver	In-home respite, facility respite	<p>Respite is an individually designed service intended to provide scheduled relief to non-paid supports who provide primary care and support to a waiver participant. The service is provided in a 24-hour block of time as required. The primary location for the provision of this service is in the waiver participants home, but Respite services may also be provided in another non-congregate care community dwelling acceptable to the waiver participant. Receipt of respite services does not preclude a participant from receiving other services on the same day. Payment may not be made for respite furnished at the same time when other services that include care and supervision are provided (HCSS).</p> <p>Providers of Respite must meet the same standards and qualifications as the direct care providers of Home and Community Support Services (HCSS). All HCSS/Respite services are provided by Licensed Home Care Services Agencies (LHCSA) under Article 36 of NYS Public Health Law. All regulations governing the LHCSA are in effect for the provision of Respite services. The type of care and services supported in the service plan are also to be included in the plan for Respite Services and will be reimbursed separately from Respite Services.</p> <p>Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan.</p> <p>Respite Services are documented in the service plan, approved by the RRDC prior to implementation and provided by agencies approved as a provider of waiver services by NYSDOH. The cost effectiveness of this service is demonstrated in Appendix J.</p>	Respite services are provided in 24-hour blocks of time, not to exceed thirty (30) days per year.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Structured Day Program (SDP) services are individually designed services provided to facilitate acquisition, retention, or improvement in self-help, socialization, and adaptive skills and takes place in a non-residential setting separate from the participant's private residence or other living arrangement.

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North Carolina	1915(c) NC CAP/DA Waiver	Respite (in-home and out-of-home); adult day health	A service for a waiver participant that provides temporary relief to the primary unpaid caregiver(s) by taking over the care needs of the participant for a limited time. This service may be used to meet a wide variety of needs, including family emergencies; planned special circumstances when the primary unpaid caregiver needs to be away for an extended period (such as vacations, hospitalizations, or business trips); relief from the daily responsibility of caring for an individual with a disability, or the provision of time for the primary unpaid caregiver to complete essential personal tasks. It can be used as day, evening, or overnight care to meet a range of beneficiary needs such as caregiver relief. Respite care may be provided either in the beneficiary's residence or in a facility licensed to provide the LOC required by the beneficiary (such as a nursing facility, adult day health center, or hospital).	Institutional and In-home Respite Services shall not exceed 30 calendar days or 720 hours in one fiscal year (July 1-June 30) for combined use of Institutional Respite Care and In-Home respite care. A day of institutional respite counts as 24 hours towards the annual limit. Any hours not used at the end of the fiscal year may not be carried over into the next fiscal year. A legally-responsible person, legal guardian, Power of Attorney, Health Power of Attorney cannot be hired to provide CAP In-Home Aide to a waiver participant. Exclusions apply when (a) there is a staffing shortage in remote areas of the state; or (b) the lack of a qualified provider who can furnish services at usual times during the day because of the complexity of the waiver participant's care needs. Also refer to C-2 for extraordinary circumstances for a legal guardian to provide this service.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	For individuals who are aging, Day Supports can provide a structured day program of service and support with nursing supervision in an Adult Day Care Program. Additionally, Adult Day Health services similar to adult day care programs in that they provide an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being.
North Dakota	1915(c) ND Medicaid Waiver for Home and Community Based Services	Respite (in-home and out-of-home), adult day health	Respite Care is for the purpose of providing temporary relief to the individuals primary care provider from the stresses and demands associated with constant care or in emergencies. Federal Financial Participation (FFP) may not be claimed for room and board when respite is provided in the participant's home or place of residence.	The primary caregivers need for relief is intermittent or occasional; the client requires a qualified caregiver during the primary caregiver's absence; and/or the relief is not for the primary caregiver's employment or to attend school. Respite care can be provided in the client's residence, adult foster care home, hospital, nursing facility, swing bed facility, or in the private home of approved respite home care provider. The cost of this service is limited to a maximum monthly cap set by the Department or through legislative action. The cap allows for approximately 9 hours of in-home respite care per week at the maximum provider rate allowed or 4 days of	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Care is a community-based service offered within an approved group setting designed to meet the needs of functionally impaired adults. It is a structured, comprehensive service that provides a variety of social and related support services in a protective setting during a part of a day. Meals provided as a part of these services shall not constitute a full, nutritional regimen (3 meals/day). Adult Day Care assists its participants to remain in the community, enabling families and other caregivers to continue caring for an impaired member at home.

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				<p>institutional respite care per month. If multiple clients live in the same home and have the same primary caregiver the respite cap must be divided by the number of clients in the home however, additional dollars may be added to the allocation for each additional client served. Additional respite dollars may be allocated because primary caregivers who are providing care to more than one client at a time are more likely to need additional respite care because of increased caregiver burden. The per day cost of institutional or in-home respite care cannot exceed the swing bed rate. These caps may be increased as determined by legislative action. The Department of Human Services may grant approval to exceed the service cap if the client has special or unique circumstances; the need for additional services does not exceed 3 months; and the total need for service does not exceed the individualized budget amount. Under emergency circumstances, the Department may grant a one-time extension not to exceed an additional three months. The case manager makes participants aware of the service cap.</p> <p>To avoid duplication, respite care cannot be provided to individuals receiving adult residential services, residential habilitation, or community support services.</p>				
Ohio	1915(c) Integrated Care Delivery System (ICDS)	Out-Of-Home Respite Care, Adult Day Health Services	Out-of-Home Respite Services are services delivered to consumers in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are: waiver nursing, personal care aide	The services delivered by an Out-of-Home Respite service provider cannot be reimbursed separately. Out-of-Home Respite Services do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.	<input checked="" type="checkbox"/> Facility-based <input type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health Services (ADHS) are regularly scheduled services delivered at an ADHS center to individuals aged eighteen or older. Services are provided in a non-institutional, community-based setting. The ADHS provider may provide waiver nursing

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	Waiver (MyCare Ohio)		service, and three meals per day that meet the individual's dietary requirements.					and/or personal care services. The provider must also furnish recreational and educational activities to support individual health and independence. Providers must also furnish at least one meal, but no more than two meals, per day that meet the individual's dietary requirements. The ADHS center may also make available skilled therapy services and transportation of the individual to and from ADHS center.
	1915(c) OH Home Care Waiver	Out-Of-Home Respite Care, Adult Day Health Center Services	Out-of-Home Respite Services are services delivered to consumers in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are: - Waiver nursing - Personal care aide services - Three meals per day that meet the individual's dietary requirements.	The services delivered by an Out-of-Home Respite service provider cannot be reimbursed separately. Out-of-Home Respite Services do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.	<input checked="" type="checkbox"/> Facility-based <input type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health Center Services (ADHCS) are regularly scheduled services delivered at an adult day health center to individuals aged eighteen or older. A qualifying adult day health center must be a freestanding building or a space within another building that is not be used for other purposes during the provision of ADHCS. The services that the adult day health center must provide are waiver nursing or personal care aide services, recreational and educational activities, and at least one meal, but no more than two meals, per day that meet the individual's dietary requirements. The services the adult day health center may also make available are skilled therapy services, and transportation of the individual to and from ADHCS.
	1915(c) Ohio Passport	Out-of-home respite, Adult Day Health Service	Out-of-Home Respite Services are services delivered to consumers in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are: - Waiver nursing - Personal care aide services - Three meals per day that meet the individual's dietary requirements.	The services delivered by an Out-of-Home Respite service provider cannot be reimbursed separately. Out-of-Home Respite Services do not duplicate coverage provided under the State plan and EPSDT services are not duplicated.	<input checked="" type="checkbox"/> Facility-based <input type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health Services (ADHS) - ADHS are regularly scheduled services delivered at an ADHS center which is a non-institutional, community-based setting. The ADHS service includes recreational and educational programming to support the individual health and independence goals. The provider must furnish at least one meal, but no more than two meals per day that meet the individual's dietary requirements. The ADHS center may also make available health status monitoring, skilled therapy services, and transportation to and from the ADHS center.

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Oklahoma	1915(c) OK Advantage Waiver	Respite (in-home and out-of-home), adult day health	<p>Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p> <p>Respite care will be provided in the following locations:</p> <ol style="list-style-type: none"> 1) In-Home and Extended In-Home Respite in the individual's home or place of residence; 2) Nursing Facility Respite in a Medicaid certified Nursing Facility. 	<p>Amount, frequency and duration of service are prior authorized in accordance with service plan. Prior authorization is completed by Oklahoma Human Services staff during review of all service plan submissions. In-home Respite required for periods of time of seven or less hours in a day is authorized in 15-minute unit increments up to a maximum of 28 units per day. Extended In-home Respite, defined as respite required for periods of time of more than seven (7) hours in a day, is authorized at a per diem rate. Nursing Facility Respite is also authorized at a per diem rate.</p>	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<p>Services furnished on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational, and speech therapies may be indicated on the individual's plan of care as enhancements to basic adult day care services.</p> <p>Assistance with eating, mobility and toileting are personal care services that are integral to the Adult Day Health Care service and are covered by the Adult Day Health Care basic reimbursement rate. Personal care service enhancement in Adult Day Health Care is assistance in bathing, hair care and/or laundry assistance and is not a usual and customary adult day health care service. Enhanced personal care in adult day health care for assistance with bathing, hair washing or laundry service will be authorized when an ADvantage waiver member who uses Adult Day Health Care requires assistance in these areas to maintain health and safety. Physical and occupational therapies are defined under skilled therapy services. Speech and Language Therapy Services Service Definition:</p> <p>The skills of a speech-language pathologist are required for the assessment of a member's rehabilitation needs (including the causal factors and the severity of the speech and language disorders) and rehabilitation potential. Re-evaluation would only be considered reasonable and necessary if the member exhibited a change in functional speech or motivation, clearing of confusion, or the remission of</p>

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								<p>some other medical condition that previously contraindicated speech-language pathology services. When a member is undergoing restorative speech-language pathology services, routine re-evaluations are considered to be a part of the therapy and could not be billed as a separate visit.</p> <p>The services of a speech-language pathologist would be covered if they are needed as a result of an illness or injury and are directed toward specific speech/voice production.</p> <p>Speech-language pathology would be covered when the services can only be provided by a speech-language pathologist and when it is reasonable to expect that the service will materially improve the member's ability to carry out independently any one or combination of communication activities of daily living in a manner that is measurable at a higher level of attainment than prior to the initiation of the services.</p> <p>The services of a speech-language pathologist to establish a hierarchy of speech-voice-language communication tasks and cueing that directs a member toward speech-language communication goals in the plan of treatment would be a covered speech-language pathology service.</p> <p>The services of a speech-language pathologist to train the member, family, or other caregivers to augment the speech-language communication, treatment, or to establish an effective maintenance program would be covered speech therapy.</p> <p>The services of a speech-language pathologist to assist beneficiaries with aphasia in rehabilitation of speech and language skills are covered when needed</p>

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								<p>by a member.</p> <p>The services of a speech therapist to assist individuals with voice disorders to develop proper control of the vocal and respiratory systems for current voice production are covered when needed by a member.</p> <p>Speech and Language Therapy Services shall be included in the individual service plan only when it is necessary to prevent or delay the permanent institutionalization of an individual.</p> <p>Speech and Language Therapy Service Components:</p> <ol style="list-style-type: none"> 1. Evaluation 2. Voice Disorders Treatments 3. Speech Articulation Disorders Treatments 4. Dysphagia Treatments 5. Language Disorders Treatments 6. Aural Rehabilitation 7. Maintenance Therapy Program <p>Therapy services, when indicated in the recipient's plan of care, will be furnished as an enhancement to basic Adult Day Health Care services. As a cost-containment measure, enhanced personal care and/or therapies in Adult Day Health Care are reimbursable on a per episode basis as an Enhancement to basic Adult Day Health Care.</p>
Oregon	1915(c) OR Adult HCBS Waiver	None offered	<i>Service not covered in this waiver</i>	N/A	N/A	N/A	N/A	<i>Service not covered in this waiver</i>
*OR currently has a new 1115 demonstration waiver ("Project Independence)" pending with CMS. This would allow for respite	1915(c) OR Aged and Physically Disabled	None offered	<i>Service not covered in this waiver</i>	N/A	N/A	N/A	N/A	<i>Service not covered in this waiver</i>

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within the waiver's Family Caregiver Assistance Program.								
Pennsylvania	1915(c) PA Community HealthChoices	Respite, Adult day health (basic daily living and enhanced daily living services)	Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of unpaid caregivers normally providing care. Federal and state financial participation through the waivers is limited to 1) Services provided for individuals in their own home, or the home of relative, friend, or other family, or 2) Services provided in a Medicaid certified Nursing Facility. Room and board costs associated with Respite Services that are provided in a facility approved (licensed or accredited) by the state that is not a private residence are reimbursable. Respite Services furnished in a participant's home are provided in quarter hour units. Respite Services may also be provided in a long-term care facility on a per diem basis. Respite Services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home. The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare and Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.	Respite Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable. Room and board costs are excluded from Respite Services when the service is provided in a setting that is not facility-based and approved by the state. Individuals are authorized for up to 14 consecutive days in an institutional facility. However, this may be increased up to 29 consecutive days, based on need and with the prior approval of the CHC-MCO. In-home Respite Services cannot be provided simultaneously with Home Health Aide, Personal Assistance Services or Residential Habilitation. The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Daily Living services are designed to assist participants in meeting, at a minimum, personal care, social, nutritional and therapeutic needs. Adult Daily Living services are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant. This service will be provided to meet the participant's needs as determined by the assessment performed in accordance with Department requirements and as outlined in the participant's service plan. Adult Daily Living services are generally furnished for four (4) or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based center encompassing both health and social services needed to ensure the optimal functioning of the participant. Adult Daily Living includes two components: <ul style="list-style-type: none"> • Basic Adult Daily Living services • Enhanced Adult Daily Living services. Basic Adult Daily Living services are comprehensive services provided to meet the needs noted above in a licensed center. Per Subchapter A, and 11.123 Core Services, the required core services for these settings include personal assistance, nursing in accordance with regulation, social and therapeutic services, nutrition and therapeutic diets and emergency care for participants. Meals provided as part of these services shall not constitute a "full

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								<p>nutritional regimen” (3 meals per day). Basic Adult Daily Living services can be provided as either a full day or a half day. The individual’s service plan initiates and directs the services they receive while at the center.</p> <p>In addition to providing Basic Adult Daily Living services, Enhanced Adult Daily Living services must include the following additional service elements:</p> <ul style="list-style-type: none"> • Nursing Requirement: The Enhanced Adult Daily Living provider shall directly provide, contract for, or otherwise arrange for nursing services. In addition to the requirements found in the Older Adult Daily Living Center (OADLC) Regulations § 11.123 (2), a Registered Nurse (RN) must be available on-site one (1) hour weekly for each enrolled waiver participant. At a minimum, each waiver participant must be observed every other week by the RN with the appropriate notations recorded in the participant’s service plan, with the corresponding follow-ups being made with the participant, family, or physician. • Staff to Participant Ratio: Staffing of OADLC providing Enhanced services will be at a staff to participant ratio of 1:5. • Operating Hours: To be eligible for the minimum rate associated with Enhanced Services, the OADLC must be open a minimum of eleven (11) hours daily during the normal work week. A normal work week is defined as Monday through Friday. (If open on a Saturday or Sunday the eleven-hour requirement is not in effect for the weekend days of operation.) • The guidelines for the required specialized services for the OADLC provider to include physical therapy, occupational therapy, speech therapy, and medical services can be found in Subchapter B, §

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								<p>11.402.</p> <ul style="list-style-type: none"> Enhanced Adult Daily Living services can be provided as either a full day or a half day. For Adult Daily Living providers that are certified as Enhanced, all participants attending that center are considered to be receiving Enhanced services. <p>As necessary, Adult Daily Living may include assistance in completing activities of daily living and instrumental activities of daily living. This service also includes assistance with medication administration and the performance of health-related tasks to the extent State law permits.</p>
Rhode Island	1115 Rhode Island Comprehensive Demonstration	None offered in the waiver, although Adult Day is a state plan Medicaid covered benefit.	Rhode Island does not have an established respite program for adults.	N/A	N/A	N/A	N/A	Adult Day is not a covered service in the waiver, but is rather a state plan Medicaid covered benefit.
South Carolina	1915(c) SC Community Choices	Respite (in-home), respite (CRCF), respite (institutional/out-of-home), adult day health care, adult day health care (nursing)	<p><u>Respite, out of home:</u> Short-term services provided because a support person is absent or needs relief. Services expressly are not provided in a person's home or apartment when relieving the support person is the primary purpose of the service.;</p> <p><u>Respite, Community Residential Care Facility (CRCF):</u> Short-term services provided because a support person is absent or needs relief provided in a CRCF when relieving the support person is the primary purpose of the service.;</p> <p><u>Respite, in-home:</u> Short-term services provided because a support person is absent or needs relief provided in a person's home or apartment when relieving the support person is the primary purpose of the service.</p>	<p><u>Respite, out of home:</u> This service is limited to 28 days of respite per year outside of the home. Of those 28 days, no more than 14 days will be allowed in a hospital or nursing facility. Total patient days allowed per fiscal year (July 1 – June 30) is twenty-eight (28). This includes any Institutional Respite days, if applicable.</p> <p><u>Respite, in-home:</u> In-home respite will not exceed two days in any given week and eight days in any given year.</p>	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Services generally furnished five or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a licensed non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. This includes off-site outings and other efforts designed to provide socialization and integrate participants into the community. Meals provided as a part of these services shall not constitute a “full nutritional regimen” (3 meals per day).
	1115 SC Healthy Connecti	Respite, adult day health care	Respite care services are intended to provide temporary around-the-clock relief for caregivers. The Provider of respite care services must be licensed and certified by South Carolina	A participant may use fourteen (14) days of Respite-Institutional (Nursing	<input checked="" type="checkbox"/> Facility-based	Yes	Not specified in waiver demonstration	Based on the client’s identified needs, Adult Day Health Care centers provide a range of health care and support services.

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
	ons Prime FAI Demonstration		<p>Department of Health and Environmental Control (DHEC), as a hospital, nursing home, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Out-of-state Providers must be licensed by an equivalent agency of that state. They must also have a valid Medicaid contract with the SCDHHS. Depending on the waiver, the type of respite services can vary between institutional respite care, respite in a Community Residential Care Facility (CRCF), or in-home respite care.</p> <ul style="list-style-type: none"> • Those individuals enrolled in the Community Choices or Ventilator Dependent waiver programs are allowed Institutional Respite Care. 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. • Those individuals enrolled in the Community Choices waiver is allowed Respite in a Community Residential Care Facility (CRCF). Respite Care services in a CRCF provide temporary care for Medicaid waiver participants who live at home and are cared for by their families or other informal support systems. A participant may use fourteen (14) days of Respite-Institutional (Nursing Home or hospital) per fiscal year July 1st through June 30th. • Those individuals enrolled in the Ventilator Dependent waiver is allowed In-Home Respite Care. In-home Respite Services provide temporary care in the home for mechanical ventilator dependent participants who live at home and are cared for by their families or other informal support systems. This service will provide temporary relief for the primary caregivers and maintain the participant at home. This service is necessary to avoid institutionalization 	Home or hospital) per fiscal year July 1st through June 30th.	<input type="checkbox"/> In-home			<p>The center provides planned therapeutic activities to stimulate mental activity, communication, and self-expression. The center staff provides meals and supervision of personal care.</p> <p>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.</p> <p>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.</p> <p>Adult Day Health Care nursing service procedures are limited to those skilled procedures listed below as ordered by a physician:</p> <ul style="list-style-type: none"> • Ostomy care • Urinary catheter care • Decubitus and/or wound care • Tracheostomy care • Tube feedings • Nebulizer treatments that require medication <p>The DHEC or the equivalent licensing agency for out-of-state facilities, must license all adult day care centers. Furthermore, centers must have adequate procedures for medical emergencies and must meet the minimum staffing requirements as specified by the contract.</p>
South Dakota	1915(c) SD Assistive Daily Living Services	Respite	Respite care services are provided to assist participants unable to care for themselves, furnished on an intermittent, occasional or emergency basis, as approved due to the absence or need for relief of those persons normally providing the care. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care can be provided in the following	Out of home, overnight respite is limited to 30 days in an individual's plan year. Services are based on assessed need as identified in the person-centered care plan with a threshold equal to the average cost of nursing home care. Services over this	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	<i>Service not covered in this waiver</i>

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
			locations: participant's home or place of residence; adult foster home; Medicaid certified hospital; Medicaid certified ICF/IDD; Group home; a home approved in the plan of care; or other community care residential facility approved by the state.	threshold are subject to an exceptions process.				
	1915(c) SD Home and Community-Based Options and Person-Centered Excellence (HOPE) Waiver	In-home respite care, residential respite care, Adult Day Services	<u>In-home respite care</u> : Respite care will be provided short-term (less than 30 consecutive days) for an individual who is unable to care for him or herself in the absence of or for the relief of the caregiver. Respite care is available to eligible individuals who reside with unpaid caregivers. Room and board will not be reimbursed in any private residence including individual's place of residence and private residence of the respite care provider.; <u>Residential respite care</u> : Residential Respite care will be provided short-term (less than 30 consecutive days) for an individual who is unable to care for him or herself in the absence of or for the relief of the caregiver. Residential Respite care is available to eligible individuals who reside with caregivers.	Services are based on assessed need as identified in the person-centered care plan with a threshold equal to the average cost of nursing home care. Services over this threshold are subject to an exceptions process. The concurrent provision of respite care as a distinct additional service is prohibited for a consumer who resides in an assisted living center. When respite services are provided in an adult day setting, respite is limited to non-adult-day business hours.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult day services provide regular care, supervision and structured activities in a non-institutional community-based setting. Adult day services include both health and social services needed to ensure the optimal functioning of the consumer for a period of less than 24 hours per day. Adult day services are provided to a consumer who lives at home. Nutritious meals/snacks are available but are billed as a separate service. Adult day services are integrated in the community. Although not required, nursing services are provided based on assessed need and include health screenings, blood pressure checks, medication management, and a general assessment of the consumer's condition.
Tennessee	1115 TennCare III Demonstration Waiver	In-Home Respite; In-Patient Respite; Adult Day Care	<u>In-home respite care</u> : Services provided to individuals unable to care for themselves, furnished on a short-term basis in the individual's place of residence, because of the absence or need for relief of those persons normally providing the care.; <u>In-patient respite care</u> : Services provided to individuals unable to care for themselves, furnished on a short-term basis in a licensed nursing facility or licensed community-based residential alternative, because of the absence or need for relief of those persons normally providing the care.	<u>In-Home Respite</u> : Limited to 216 hours per calendar year <u>In-Patient Respite</u> : Limited to 9 days per calendar year	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<i>Not specified in waiver demonstration</i>	Adult day care: Community-based group programs of care lasting more than three (3) hours per day but less than twenty-four (24) hours per day provided pursuant to an individualized plan of care by a licensed provider not related to the participating adult.
Texas	1115 Texas Healthcare Transformation and Quality Improvement Program	In-Home Respite, Out-of-Home Respite, Day Activity and Health Services (DAHS)	Respite Care Services provide emergency or short-term relief to unpaid primary caregivers of STAR+PLUS HCBS members residing in community settings other than Adult Foster Care (AFC) homes or Assisted Living Facilities (ALF).	Limited to 30 days per individual service plan (ISP) year . There is a process to grant exceptions to the annual limit. The managed care organization reviews all requests for exceptions, and consults with the service coordinator, providers, and other resources as appropriate, to make a professional judgment to approve or deny the request on a case-by-case basis. Members residing in adult foster care homes and assisted	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes (in-home respite services only)	Relatives can be a paid respite provider with the exception of a relative who is a spouse, legally authorized representative, primary unpaid caregiver, or who lives with the member	<i>Day Activity and Health Services (DAHS) covered, but not defined in waiver demonstration</i>

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	STAR+PLUS Home and Community-Based Services Program			living facilities are not eligible to receive respite services. Other waiver services, such as Personal Assistance Services, may be provided on the same day as respite services, but the two services cannot be provided at the exact same time.				
Utah	1915(c) UT Waiver for Individuals Aged 65 or Older	Respite and Respite Care Services - LTC Facility, Adult Day Health	<p>Respite Care Services consist of care rendered by an attendant, companion, personal care worker, homemaker, home health aide etc., which is provided during the absence of, or to relieve the normal care giver while the covered individual is living in their normal place of residence and that residence is not a long-term care facility. Homemaking and Companion can be a component of the respite service. Respite care services are not restricted to the individual's place of residence.</p> <p>Respite Care Services may be provided in the following locations:</p> <p>(a) Individual's home or place of residence (b) Respite Provider's place of residence (c) Other community-based setting meeting HCBS Setting Requirements</p> <p>LTC Facility Respite Care Services consist of care furnished in a licensed long term care facility during the absence of, or to relieve, the normal caregiver. Each respite care episode is limited to a period of 13 consecutive days or less not counting the day of discharge.</p> <p>LTC Facility Respite Care Services may be provided in the following locations:</p> <p>(a) Licensed Health Care Facility (b) Licensed Residential Treatment Facility</p> <p>Skilled Respite Care Services consist of care rendered by an attendant, companion, personal care worker, homemaker, home health aide etc., which is provided during the absence of, or to relieve the normal care giver while the covered individual is living in their normal place of residence and that residence is not a long term care facility. Homemaking and Companion can be a component of the respite service. Skilled Respite care services are not restricted to the individual's place of residence.</p> <p>Skilled Respite Care Services may be provided in the following locations:</p>	<p>The provision of respite care will be provided through the following provider organizations as approved by the State:</p> <p>(a) Home Health Agency; (b) Personal Care Agency; (c) Companion Service; (d) Homemaker Service; (e) Adult Day Health Provider.</p> <p>In a 24 hour period, the hourly respite rate may not exceed the rate paid for daily nursing facility long term care respite.</p> <p>For LTC Facility Respite Care Services, Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not the person's private residence, or the provider's residence. These state approved facilities are Licensed Health Care Facilities and Licensed Residential Treatment Facilities which include (but are not limited to) the following locations:</p> <p>(a) Licensed Health Care Facility (b) Licensed Residential Treatment Facility</p> <p>Participants cannot receive Adult Day Health Services and LTC Facility Respite Care Services on the same day.</p>	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Adult Day Health Services serve the purpose of providing a supervised setting during which health and social services are provided on an intermittent basis to ensure the optimal functioning of the waiver participant.

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			<p>(a) Individual’s home or place of residence (b) Respite Provider’s place of residence (c) Other community-based setting meeting HCBS Setting Requirements</p> <p>Skilled respite is used when any of the following needs are provided in conjunction with the respite service:</p> <ol style="list-style-type: none"> 1. Parenteral lines/enteral tube feeding 2. Wound care/dressing changes 3. Toileting/skilled includes: <ol style="list-style-type: none"> a. Catheters/ostomy/stoma/rectal tubing care b. Assisting with enemas and/or suppositories c. Assist with bladder and bowel needs or problems for persons with a known infection risk 4. Tracheostomy care 5. Suctioning 6. Care related to IV’s and PICC lines 7. Care related to any equipment or supplies such as ventilators and oxygen equipment 8. Oral feeding for participants at risk of aspiration 9. Medical skin care 10. Medication administration (In compliance with the Utah Nurse Practice Act – within the scope of licensure) <p>Unskilled respite is used when any of the following needs are provided in conjunction with the respite service:</p> <ol style="list-style-type: none"> 1. Mobility in bed 2. Transferring 3. Locomotion in and outside the home <ol style="list-style-type: none"> a. Assisting with ambulation including arm support, using a cane, crutches, walker, wheelchair, or other assistive device 4. Dressing 5. Oral Feeding for participants without a risk of aspiration 6. Providing minimal assistance with or supervision of toileting (excludes *skilled toileting cares) <ol style="list-style-type: none"> a. Assist with bladder and bowel needs or problems b. Assist with ambulating to the bathroom c. Assist with bed pan routines for non-bed bound participants 7. Providing minimal assistance with or supervision of personal Hygiene <ol style="list-style-type: none"> a. Basic nail care for patients with normal nail thickness, normal foot and hand sensation and no history of disease processes that are high risk 	<p>Participants are limited to six LTC respite care episodes per year, additional LTC respite care episodes will need to be approved by DAAS.</p>				

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			for foot or hand complications (as outlined in the participant's care plan) b. Oral including tooth and denture care 8. Providing minimal assistance with or supervision of bathing (Complete bathing needs to be performed by a home health aide) a. Shampoo and hair care b. non-medical skin care (according to the participant's care plan) c. Shaving (with electric razor only) 9. Administering emergency first aid 10. Meal preparation, planning and cleanup 11. Ordinary housework 12. Laundry 13. Managing Finances (includes assistance with simple budgeting, paying bills, etc.) 14. Medication reminders and cueing (In compliance with the Utah Nurse Practice Act, Personal Assistants may not administer medications, including the application of prescription ointments or creams) 15. Shopping 16. Transporting the participant					
	1915(c) UT Physical Disabilities Waiver		<i>Service not covered in this waiver</i>	N/A	N/A	N/A	N/A	<i>Service not covered in this waiver</i>
	1915(c) UT New Choices Waiver	Respite (Overnight, Out of Home, Room and Board, Hourly, Daily), Adult Day Care	Care provided to give relief to, or during the absence of, the normal care giver. Respite care may include incremental, daily and overnight support and may be provided in the individual's place of residence, a facility approved by the State, which is not a private residence, or in the private residence of the respite care provider. Room and board will not be reimbursed in any private residence including i. Individual's place of residence ii. Private residence of the respite care provider	Payments are not made for room and board except when provided as a part of overnight respite care in a facility approved by the State and enrolled as a NCW Respite Care provider. In the case of respite care services that are rendered in a facility overnight, this service will be billed under a specific Respite Care-Overnight, Out of Home, Room and Board Included billing code (H0045). Each Respite Care- Overnight, Out of Home, Room and Board Included episode is limited to a period of 13 consecutive days or less not counting the day of discharge. A day begins and ends at midnight. The	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Services generally furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the care plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Transportation between the participant's place of residence and the adult day care site is not provided as a component of adult day care services and the cost of this transportation is not included in the rate paid to adult day care providers. Those receiving adult residential services in an assisted living facility, Type N facility or

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				number of Respite Care - Overnight, Out of Home, Room and Board Included episodes may not exceed three in any calendar year. For facility-based respite care that is not provided overnight, the provider should bill using the incremental rate (\$5150). The service is limited to a maximum of five hours of support per day. Respite care provided in the client's own home or in the private residence of the respite care provider should be reimbursed using the incremental rate (\$5150 and is limited to a maximum of five hours of support per day). Respite care is not available for those receiving Adult Residential Services.				licensed community residential care facility are not eligible for Adult Day Health unless the case management agency assesses a client- specific need that cannot be otherwise met by the facility of residence. Documentation of the identified need must be included in the comprehensive care plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).
Vermont	1115 Global Commitment to Health Demonstration	Respite care, adult day services	Respite care: alternative caregiving arrangements to facilitate planned short-term and time-limited breaks for unpaid caregivers.	Limited in combination with Companion Service for individuals residing at home.	<i>Not specified in waiver - Facility-based</i> <input checked="" type="checkbox"/> In-home	Yes, Choices for Care services	<i>Not specified in waiver demonstration</i>	Adult day services: community-based non-residential services that provide a range of professional health, social and therapeutic services delivered in a safe, supportive environment.
Virginia	1915(c) VA Commonwealth Coordinated Care Plus	In-home respite, out-of-home respite, adult day health care	Respite care services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those primary unpaid caregivers who normally provide care. Respite care services may be provided in the individuals home or place of residence or children's residential respite facility. Respite service may include skilled nursing care. Individuals are afforded the opportunity to act as the employer in the self-direction of respite care services with the exception of those requiring skilled nursing respite services. This involves hiring, training, supervision and termination of self-directed care assistants. Individuals choosing to receive services through the CD model may do so by choosing a services facilitator to provide training and guidance needed to be an employer. If the individual is unable to independently manage his/her own CD services, or if the individual is under 18 years of age, a spouse, guardian, adult child or parent of a minor child must serve as the	Respite care services provided in any setting are limited to a total of 480 hours per recipient per state fiscal year (7/1 - 6/30).	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input type="checkbox"/> Legally-responsible <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult Day Health Care (ADHC) means long term maintenance or supportive services offered by a community- based day care program. ADHC provides 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. Physical, occupational, and speech therapies indicated in the individual's plan of care may be furnished at the adult day health care center but is not furnished as a component part of this service. Transportation between the individual's place of residence and the adult day health care center will not be provided as a

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			employer on behalf of the individual. Consumer direction is not available to individuals receiving skilled respite services or PDN due to the complex medical needs of the population.					component part of the adult day health services. If the adult day health care provider wishes to and is able to provide transportation services to the recipient, DMAS may reimburse the provider for these services. ADHC Centers must provide at least one meal per day, which supplies one-third of the daily nutritional requirements established by the U.S. Department of Agriculture. Special diets and counseling must be provided as requested or as necessary. Adult day health care is furnished 6 or more hours per day on a regularly scheduled basis as specified in the service plan.
Washington	1915(c) WA Residential Support Waiver	None offered	<i>Service not covered in this waiver</i>	N/A	N/A	N/A	N/A	<i>Service not covered in this waiver</i>
	1915(c) WA COPES Waiver	Adult Day Health, Adult Day Care	<i>Service not covered in this waiver</i>	N/A	N/A Facility-based N/A In-home	N/A	N/A	<u>Adult Day Care</u> services provided in an adult day care center include provision of personal care; routine health monitoring with consultation from a registered nurse; general therapeutic activities; general health education; and supervision and/or protection for at least four hours a day but less than twenty-four hours a day in a group setting on a continuing, regularly scheduled basis. Services also include provision of recipient meals as long as meals do not replace nor be a substitute for a full day's nutritional regime; and programming and activities designed to meet participants' physical, social and emotional needs. Adult Day Care shall be included in a participant's approved plan of care only when the participant has mild to moderate dementia and/or is chronically ill or disabled; is socially isolated and/or confused; has significant risk factors when

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								<p>left alone during the day; needs assistance with personal care; and will benefit from an enriched socially supportive experience. Personal care service hours are reduced 30 minutes for each hour of Adult Day Care service in order to avoid duplication of personal care services since it is assumed that some personal care tasks will be met by Adult Day Care services.; <u>Adult Day Health</u> is a supervised daytime program providing nursing and rehabilitative therapy services to adults with medical or disabling conditions that require the intervention or services of a registered nurse, or a licensed speech therapist, occupational therapist, or physical therapist acting under the supervision of the participant's physician, when required. Services provided are specified in the participant's service plan and encompass both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of the Adult Day Health services shall not constitute a full nutritional regime. A skilled nursing or rehabilitative therapy service must be provided by staff operating within their scope of practice under Washington State law and regulation on each service day for which reimbursement is claimed. Transportation between the participant's place of residence and the Adult Day Health site is included as a component of Adult Day Health services and is reflected in the rate paid to the Adult Day Health providers. To ensure duplicate billing does not occur, The P1 system will have a conflict edit that will result if skilled nursing and transportation are authorized at the same time as adult day health.</p>

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	1915(c) WA New Freedom Waiver	None offered	Service not covered in this waiver	N/A	N/A	N/A	N/A	Service not covered in this waiver
	1115 Washington Medicaid Transformation Project Demonstration	Respite (in-home and out-of-home), adult day health	Medicaid Alternative Care (MAC) Benefit Package - Caregiver Assistance Services. Services that take the place of those typically performed by the unpaid caregiver in support of unmet needs the care receiver has for assistance with activities of daily living (ADL) and instrumental ADL. Services include respite (in-home and out of home)	Not specified in waiver	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	Not specified in waiver demonstration	Medicaid Alternative Care (MAC) Benefit Package - Health Maintenance & Therapy Supports. Clinical or therapeutic services that assist the care receiver to remain in their home or the caregiver to remain in their caregiving role and provide high quality care. Services are provided for the purpose of preventing further deterioration, improving or maintaining current level of functioning. Supports and services categorized here include those typically performed or provided by people with specialized skill, certification or licenses. Services include adult day health.
West Virginia	1915(c) WV Aged and Disabled Waiver Additional source: FAIR Policy Manual	Family Alzheimer's In-Home Respite (FAIR) is a state-funded service that can be provided with other in-home programs including the WV Aged and Disabled Waiver. Respite is a supplemental state service for 1915(c)	[FAIR In-Home is a respite service provided in the home setting for unpaid caregivers of individuals with a written diagnosis of Alzheimer's disease or a related dementia. It gives the caregiver a temporary break from the responsibilities of caregiving. It also provides socialization, stimulation and companionship for the individual with dementia through an Activity Plan developed for that individual, based on his/her interests and abilities as defined in the Personal History. FAIR Congregate is a respite service, delivered by the provider agency in a community setting, for unpaid caregivers of individuals with a written diagnosis of Alzheimer's disease or a related dementia. It gives the service recipient (unpaid caregiver) a temporary break from the responsibilities of caregiving. It also provides socialization, stimulation and companionship for the individual with dementia through an activity schedule, developed for all congregated respite participants. The activity schedule will be modified to reflect each FAIR care receiver's abilities and preferences, as defined in the PersonalHistory. Services must be provided by a trained worker employed by the county aging provider agency. The worker may be any qualified and properly trained individual, with the exception of the spouse or primary caregiver of the care receiver (the individual with Alzheimer's or a related dementia)].	[FAIR respite is limited to a maximum of sixteen hours of respite service per week, which would include any congregated respite hours of service.]	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	[Neither the primary unpaid caregiver nor the spouse of the individual with Alzheimer's disease or a related dementia may be the FAIR worker.]	While West Virginia does not currently offer Adult Day in their waiver, they have a pending waiver amendment application that would cover medical adult day care. Please see here .

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		waiver enrollees.						
Wisconsin	1915(c) WI Family Care Waiver	In home; out of home; adult day health. (Respite can be participant-directed; may be provided by legal guardian, relative, or legally responsible person. adult day health can be self-directed; cannot be provided by legal guardian, relative, or legally responsible person)	Respite care services 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. Respite care may be provided in an institution such as a certified Medicaid setting or other licensed facility. Respite may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the member's own home, or the home of a respite care provider.	This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult day care services are the provision of services for part of a day in a non-residential 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. Transportation between the member's place of residence and the adult day care center may be provided as a component part of adult day care services. The cost of this transportation is included in the rate paid to providers of adult day care services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (3 meals per day). The PIHP may only enter a provider agreement with adult day care centers that have been certified by the Department, under Wis. Stat. § 49.45(2)(a)(11), to provide adult day care services.
	1915(c) WI IRIS (Include, Respect, I Self-Direct) Waiver	Respite (in-home, out-of-home), Adult Day Care	Respite services are services provided for a participant on a short-term basis to ease the participant's family or other primary caregiver(s) from daily stress and care demands. Respite services may be provided in an institution such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Respite services may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the participant's own home, or the home of a respite service provider. This service may not duplicate	The receipt of Respite services precludes the participant from receiving other waiver services such as Adult Day Care, Nursing Services, and Supportive Home Care on the same day the participant receives Respite Services, unless clear documentation exists that service delivery occurred at distinct times from Respite Services regardless of how the Respite payment is structured. The cost of room and	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	Yes	<input checked="" type="checkbox"/> Legally-responsible person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal guardian	Adult Day Care services are the provision of services for part of a day in a non-residential group setting to participants who need an enriched social or health-supportive experience or 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. Transportation between the participant's place of

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
			services otherwise provided through the Medicaid State Plan or under another waiver service category.	board is excluded, except when provided as part of Respite Services furnished in a facility approved by the State that is not a private residence or a residential care complex.				residence and the adult day care center may be provided as a component part of adult day care services. The cost of this transportation is included in the rate paid to providers of adult day care services. Meals provided as part of adult day care may not constitute a "full nutritional regimen" (3 meals per day). This service may not duplicate services otherwise provided through the Medicaid State Plan or under another waiver service category.
Wyoming	1915(c) WY Community Choices Waiver	In-home respite, out-of-home respite, adult day	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. In-home respite services provided by a home health agency may be delivered in the participant's home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services in the community. Out-of-home respite services may be provided in an assisted living or nursing care facility. Respite services may not be authorized based on the participant's needs for companionship or those which are diversional/recreational in nature. Participant transportation costs are not associated with the provision of respite services and must be billed separately. Reimbursement does not include the costs for room and board except when provided as part of respite care furnished in an assisted living or nursing care facility.	Services are authorized based on the participant's assessed need and are limited to the prorated equivalent of thirty (30) days per service plan year	<input checked="" type="checkbox"/> Facility-based <input checked="" type="checkbox"/> In-home	No	<input type="checkbox"/> Legally-responsible person <input type="checkbox"/> Relative <input type="checkbox"/> Legal guardian	Services generally furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, which may encompass health and/or social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a full nutritional regimen. Adult day services may not be provided for purely diversional/recreational purposes. Adult day (health model) services include group socialization and companionship, assistance with activities of daily living, and supervision as specified in a program plan. The program plan is individualized to the participant's assessed needs and includes realistic and measurable goals. Adult day (social model) services include group socialization and companionship supports to participants at risk for isolation or loneliness. Only incidental assistance with activities of daily living may be provided. Participant transportation costs are not associated with the provision of adult day services and must be billed separately. Adult day services do not include and do not replace or supplant the physical, occupational, and/or speech/language therapies available through the state plan.

State	Waiver	Types of Respite & Adult Day Covered	Respite Definition	Respite Service Limits	Allowable Respite Service Setting	Self-Direction Allowed for Respite?	Types of Caregivers Allowed as Respite Providers	Adult Day Definition
TOTAL	82 waivers • 69 – 1915(c) waivers • 13 – 1115 waivers	---	Covered: 65 waivers Not covered: 17 waivers	Includes numeric cap: 47 waivers Does not include numeric cap (i.e., based on individual service plan, etc.): 18 waivers N/A (no respite offered/not listed): 17 waivers	In-home: 51 waivers (yes), 6 waivers (no) Facility-based: 53 waivers (yes), 4 waivers (no) N/A: (no respite offered/not listed): 25 waivers	Yes: 30 waivers No: 35 waivers N/A: (no respite offered): 17 waivers	Allows at least one type of caregiver to be a respite provider: 39 waivers Does not allow for a caregiver to be a respite provider: 19 waivers N/A: (no respite offered/not listed): 24 waivers	Covered: 67 waivers Not covered: 15 waivers