

# Emerging Respite Care Strategies in Medicaid Home and Community- Based Services Waivers

*NASHP Webinar*

*June 29, 2023*



The  
John A. Hartford  
Foundation



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**Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers**

By Kimberly Hodges, Ella Taggart, Neva Kaye, and Wendy Fox-Grage

MAY 2023

# NASHP Report on Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers

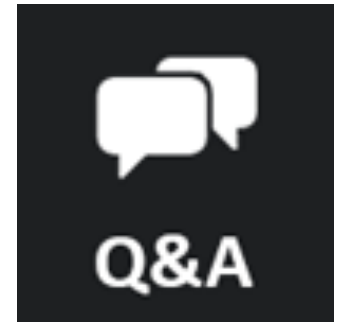
- Iowa
- Kentucky
- Louisiana
- Missouri
- Texas
- Virginia
- Washington

# Speakers & Agenda

- **Kimberly Hodges**, Policy Associate, NASHP
  - *Overview of respite care emerging strategies in Medicaid Home and Community-Based Services (HCBS) waivers*
- **Pam Smith**, Division Director of Long-Term Services and Supports, Kentucky Department for Medicaid Services
  - *Kentucky's approach and lessons learned*
- **Nichole Martin**, Director, Office of Community Living, Virginia Department of Medical Assistance Services and **Jason Rachel**, Director, Division of Integrated Care, Virginia Department of Medical Assistance Services
  - *Virginia's approach and lessons learned*

# Webinar Logistics

- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments at the end
- The close captioning button is located at the bottom of your screen
- The slides and webinar recording will be posted after the webinar on the NASHP website and sent out to all webinar registrants



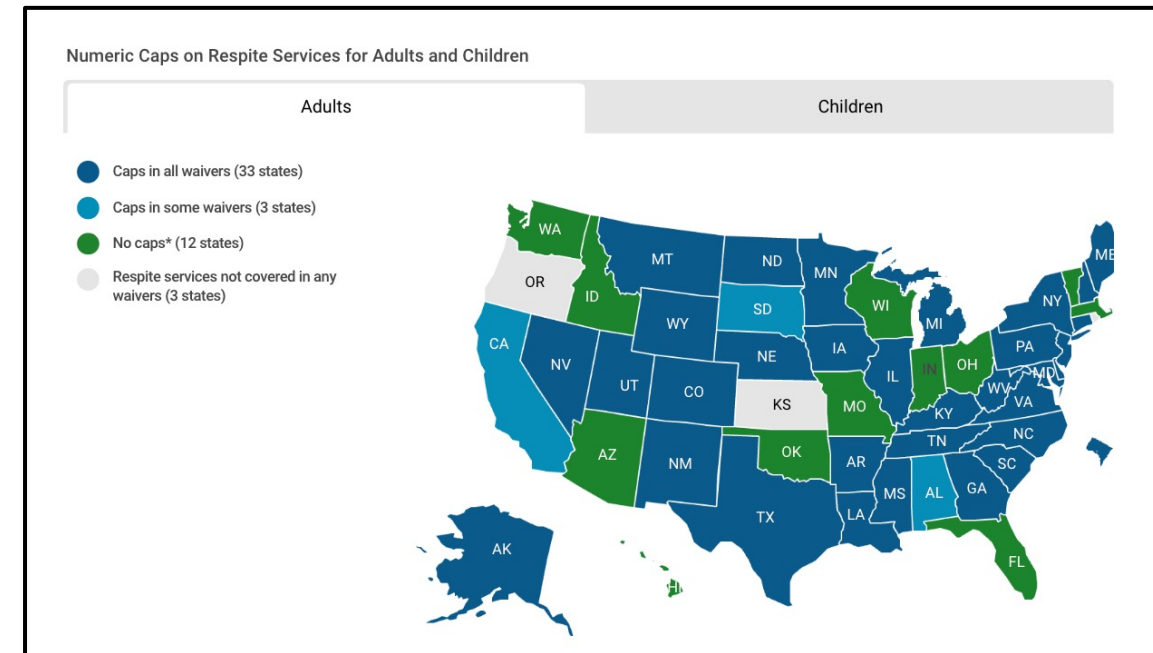
<https://nashp.org/respite-care/>



# **Emerging Respite Care Strategies in HCBS Waivers: Findings from the NASHP Report**

# Overview of Respite Care in Medicaid HCBS Waivers

- Respite care is a service typically delivered in the home or a facility-based setting that provides short-term relief for caregivers
- [47 states and D.C.](#) cover respite through Medicaid HCBS waivers serving older adults and adults with physical disabilities (as of 2022)
- Varied program policies and payment rates among states greatly affect caregivers' access to high-quality respite services



# The Why: Importance of Respite Care

- A series of [caregiver listening sessions](#) found that respite is one of the most desired caregiver services
- [Study results](#) on respite's benefits conclude that:
  - caregiver outcomes improve,
  - older adults' nursing home placement is delayed,
  - and there is a decrease in hospital readmissions and emergency room expenditures.

## Emerging Waiver Strategies: Respite Care



**Awareness and  
Education**



**Types  
of Respite**



**Flexibility**



**Self-Direction**



**Managed Care**



**Payment**



# Awareness and Education

- Recognizing that awareness and education are the first steps to access, study states developed outreach strategies to ensure that caregivers and caseworkers understood respite's availability and importance.
- Naturally-Embedded Opportunities: Case managers can explain respite's availability and importance during intake appointments.
- Culturally-Targeted Initiatives: Washington State is currently piloting a culturally aware training and education program for respite providers and family caregivers with the S'Klallam Tribe.



# Types of Respite

- Most states typically offer respite as a singular service type (“respite”) or differentiate by service location (“respite — in-home” or “respite — facility-based”).
- However, a few study states offer more tailored respite services to more closely meet an individual’s needs:

Missouri	Iowa
<ul style="list-style-type: none"><li>• Basic</li><li>• Advanced</li></ul>	<ul style="list-style-type: none"><li>• Basic</li><li>• Group</li><li>• Specialized</li></ul>

- Provider requirements for these services vary, with advanced/specialized respite requiring clinical training/staffing



# Flexible Respite Policies

- To minimize disruptions in caregiving, study states' policies provided flexibility to meet month-to-month changes in individual participant's and family caregiver's respite service needs.

## Flexibility in Self-Directed Services for Respite

- Iowa allows unused respite dollars to be repurposed for future respite purposes.
- Washington permits the pooling of respite units for future use.

## Packaging Respite and Personal Care Services

- Missouri directs individuals to personal care first and uses respite to fill in any care gaps.
- Louisiana allows the same providers for respite and personal care to address workforce shortages.



Flexibility

# Self-Direction

- Study states used self-direction programs to integrate family members and friends into the direct care workforce as respite care providers.
- Given the significant shortage of direct-care workers, self-direction programs are [an emerging workforce strategy](#) to supplement the lack of agency-hired respite providers.
- Iowa's [Consumer Choice's Option](#):
  - Self-directed, basic respite is one of Iowa's most utilized HCBS service options
  - Allows employer discretion to set their own training, experience, or qualification requirements
  - Facilitates a simple hiring process for family members and friends to receive payment for providing respite



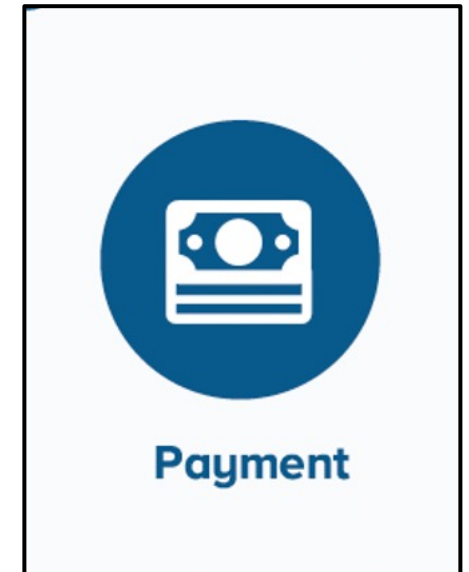
# Managed Care

- Study states leveraged the flexibilities offered by managed care to streamline and increase access to respite services.
- Texas allows Medicaid managed care organizations (MCOs) to provide in-home respite as a value-added benefit for those not enrolled in one of the state's Medicaid waiver programs.
- Iowa uses contractual language with MCOs to increase respite service limits.



# Payment Rates

- Respite reimbursement rates can influence providers' willingness to provide respite, which in turn can affect respite access and utilization
- Washington includes an additional administrative reimbursement rate to incentivize provider participation
- American Rescue Plan Act (ARPA) Rate Increases:
  - Iowa increased its 2022 provider rates by 4.25 percent using ARPA funds, and Iowa's Department of Health and Human Services leadership is working the with the Iowa General Assembly to commit to funding these increase after the ARPA funding expires.



# Key Takeaways

- Creating intentional and culturally aware steps for awareness and outreach of respite services increases service access
- Differentiated respite services may more closely meet an individual's needs
- Self-direction allows for integration of family/friends into the direct care workforce
- Flexible respite policies can minimize disruptions in caregiving
- Leveraging managed care partnerships can be a strategy to increase respite service access
- Payment amounts and structures influence providers' willingness to deliver respite



**Kentucky**





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CABINET FOR HEALTH  
AND FAMILY SERVICES

## **Emerging Respite Care Strategies in HCBS – Kentucky**

**Presenter: Pam Smith, Director  
Division of Long-Term Services and Supports**

# Respite in Kentucky

**6** HCBS waivers

**5** waivers offer Respite

**1** waiver offers two types of Respite

Respite is one of Kentucky's most requested and prior authorized HCBS services. There were nearly 7,000 request and authorizations in 2022.

# Respite Education in Kentucky

## Case Managers

- Waiver administrators encourage case managers to discuss Respite during person-centered planning activities
- Stress the importance of caregiver relief and the benefits for both the caregiver and participant
- Assist with identifying Respite providers



## Community Engagement

- Work with outside organizations (support groups, councils, coalitions)
- Stress the importance of caregiver relief and the benefits for both the caregiver and participant
- Outside organizations help spread message to members and families

# Respite Strategies in Kentucky

## Home and Community Based (HCB) Waiver



For individuals with a physical disability and/or those aged 65 or older

### Non-Specialized Respite

- For participant's unpaid caregiver
- Self-directed only
- Addresses individualized self-care, safety, positive social impact and recreational needs, and supervision needs

### Specialized Respite

- For participant's unpaid caregiver
- Provider-managed only
- Addresses same needs as Non-Specialized Respite for the medically fragile or individuals with intensive needs that do not require skilled care during Respite time
- Offers two levels based on participant's assessed needs

# Respite Strategies in Kentucky

## Home and Community Based (HCB) Waiver



### Specialized Respite

#### Level I

The participant meets the Level I high intensity criteria in the Kentucky Home Assessment Tool (K-HAT) and will not need skilled care during Respite time. The Respite worker must have 24-hour access to a registered nurse (RN) for consultation.

#### Level II

The participant meets Level II high intensity criteria in the KHAT. The Respite worker must be an RN or licensed practical nurse under the supervision of an RN.

# Respite Strategies in Kentucky

## Home and Community Based (HCB) Waiver

### Respite Rate Structure

Non-Specialized Respite	\$2.75 / 15-minute unit
Specialized Respite – Level I	\$4.00 / 15-minute unit
Specialized Respite – Level II	\$10.00 / 15-minute unit

# Respite Flexibilities in Kentucky

## Home and Community Based (HCB) Waiver

**Specialized and Non-Specialized Respite** limited to \$200 per day/\$4,000 per year.



**Other waiver services, community resources, and natural supports** also help to cover a participant's needs.

**Attendant Care** helps fill in gaps if needs exceed the service's established maximum.

# Respite Flexibilities in Kentucky

## All Waivers Offering Respite



- Participants can use the Participant-Directed Services (PDS) model to hire their own Non-Specialized Respite worker.
- Increase in PDS usage due to statewide shortage of agency-hired Respite workers.
- Participants often hire family or friends. For participants who do not have this type of support, finding any Respite worker can be challenging.





# Virginia



# RESPITE SERVICES IN VIRGINIA'S HOME AND COMMUNITY BASED SERVICES WAIVERS

Nichole Martin, RN, MSEd  
Director, Office of Community Living  
Jason A. Rachel, PhD  
Director, Division of Integrated Care

# Virginia's 1915(c) Waivers

In FY '22 nearly 62,000 participants received waiver services

- 38,000 participants received respite services

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**Commonwealth Coordinated Plus Waiver**

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**Developmental Disabilities Waivers**

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Family and Individual Supports

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Community Living

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Building Independence

(respite is not a service in this waiver)

# Respite



Furnished on a short-term basis because of the absence of or need for the relief of the unpaid primary caregiver who normally provides the care



Traditional Agency or Consumer-directed or combination



Limited to 480 hours per fiscal year



Skilled respite is available to those who have complex medical needs

Available through traditional agency model

# Respite and Personal Care

## What's the Connection?

Respite and personal care are often approved together

- Anticipated needed relief for the primary caregiver

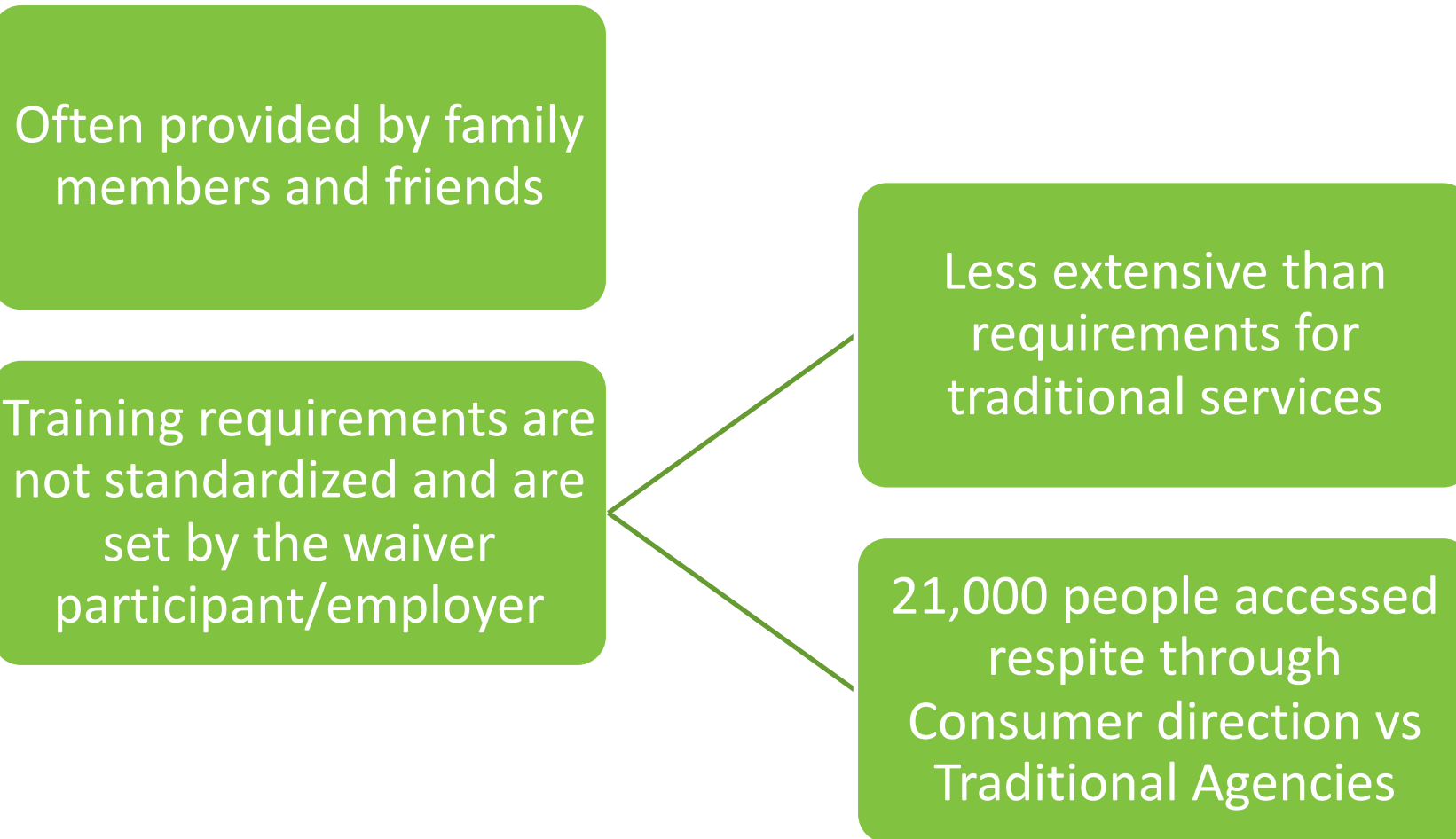
Episodic in nature and provided as needed

- Respite can be used temporarily as a supplement to personal care hours

Reimbursement rates

- Rate for personal care and respite are the same

# Respite Access Through Consumer Direction



# Managed Care Contract Language



*4.7.2.9 Respite Care Services Respite care services are provided to Members who are unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those unpaid primary caregivers who normally provide care.*



*Respite care services may be provided in the community, the Member's home or place of residence, or a children's residential facility. Respite services include skilled nursing respite and unskilled respite. Individuals may choose to use agency directed (AD), consumer-directed (CD), or a combination of these models of service delivery.*



*CD respite is only available to Members requiring unskilled respite care services. Unskilled respite is not available to individuals who have 24 hours skilled nursing needs. Respite care services are limited to 480 hours per individual per state fiscal year (July 1st through June 30th)*

# MCO Education and Standardization

- ❑ Extensive education was provided to MCO Operations (UM, Claims) on respite care including how to authorize and process claims during implementation of Medicaid managed long term services and supports program
- ❑ Stakeholder meetings with Providers, MCOs and DMAS were held to create the “How to do business with MCOs – Respite”
  - Consensus and Standardizations were reached on the following:
    - Same form to request authorization (revised DMAS-98)
    - Same codes
    - Same authorization time-period – 480 annually on State Fiscal Year (July 1)
    - All clean claims paid within 14 calendar days from receipt date





# Questions?

**Submit in the Q&A box at the bottom of your screen.**

# Learn more: [nashp.org/family-caregiving](https://nashp.org/family-caregiving)

- Report on Emerging Respite Care Strategies in HCBS Waivers
- Respite care maps by state
- State Policy Roadmap for the National Strategy to Support Family Caregivers
- Examples of state strategies for family and professional caregiving
- More regularly updated and published resources!

# Thank you!

**To help us continue to improve, please fill out the evaluation you will see in a pop-up box when you leave the webinar.**



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