

## **Ohio Medicaid Managed Care Respite Care Benefit Provider Update**

### **Ohio Medicaid Respite Care Benefit**

Beginning January 1, 2014 Ohio's five managed care plans, through the Ohio Department of Medicaid (ODM), began offering a Respite Care benefit to a limited group of members that are either under the age of 21 who are determined eligible for social security income for children with disabilities, or supplemental security disability income for adults, under age 21, disabled since childhood and their families who meet the criteria. Prior Authorization is required for all Respite Care Services. (See [OAC Rule 5160-26-03](#))

### **What are Respite Services?**

Respite services are services that provide short-term, temporary relief to the informal, unpaid caregiver of an individual under the age of 21 in order to support and preserve the primary caregiving relationship. The service provides general supervision of the child, meal preparation, and hands-on assistance with personal care that are incidental to supervision of the child during the period of service delivery. Respite services can be provided on a planned or emergency basis and shall only be furnished in the child's home. The provider must be awake during the provision of respite services and the services shall not be provided overnight.

### **Respite Benefit Eligibility Criteria**

The Ohio Department of Medicaid established criteria for this benefit, which must be met in order for a member to receive the respite services. Criteria include:

- The member must reside with his or her informal, unpaid primary caregiver in a home or an apartment that is not owned, leased, or controlled by a provider of any health-related treatment or support services.
- The member must not be residing in foster care.
- The member must be under the age of 21 and determined eligible for social security income for children with disabilities or supplemental security disability income for adults disabled since childhood.
- The member must be enrolled in the MCP's care management program.
- The member must be determined by the MCP to meet an institutional level of care as set forth in rules 5160-3-07 and 5160-3-08 of the Administrative Code.
- The member must require skilled nursing or skilled rehabilitation services at least once per week.
- The member must have received at least 14 hours per week of home health aide services for at least six consecutive months immediately preceding the date respite services are requested.
- The MCP must have determined that the child's primary caregiver has a need for temporary relief from the care of the child as a result of the child's long-term services and support needs/disabilities, or in order to prevent the provision of institution or out-of-home placement.

### **Respite Benefit Coverage/Limitations**

- Respite services are limited to no more than 24 hours per month and 250 hours per year.
- Respite services must be provided by enrolled Medicaid providers who meet the qualifications of the program, including a competency evaluation program and first-aid training.
- Respite services must not be delivered by the child's legally responsible family member or foster caregiver.

### **Contact your Managed Care Plan**

For more information about the new respite benefit, contact your Medicaid Managed Care Plan:

Aetna – 1-855-364-0974

Buckeye Community Health Plan – 1-866-296-8731

CareSource - 1-800-488-0134 or [caresource.com](http://caresource.com)

Molina – 1-855-322-4079

Paramount - Julie Hoskins RN, CCM, Manager, Case Management, Toll-free: 1-800-462-3589, Direct: 1-419-887-2220

United Healthcare – Intake (or start a request) – phone: 1-800-366-7304, fax: 1-866-8396454