

Respite is a service designed to give caregivers a break from the stress and responsibility of providing care to someone with dependent support care needs. The State is excited to offer an expanded pediatric respite benefit through Medicaid. With the implementation of this service Delaware is expanding access to who may receive respite services. The pediatric respite benefit is designed to cover a broad range of children with unique needs. Additionally, the addition of this Medicaid service expands access by drawing down federal dollars to help cover the cost of respite for children on Medicaid. This frees up State dollars and allows more families who are not eligible for Medicaid to access respite services.

<i>Type of Respite</i> *	<i>Pediatric Medicaid Respite Benefit</i> **	<i>Diamond State Health Plan Plus (LTSS)</i> **	<i>DDDS Lifespan Waiver</i>	<i>DDDS State Funded</i>
<i>Eligibility</i>	You must be enrolled in DSHP, between the ages of birth to 21 years of age and have a complex medical condition(s), severe emotional disorders, and/or a dual diagnoses of mental health/intellectual disability and developmental disabilities. If you are on the Lifespan Waiver, you cannot receive respite services through this service or DSHP Plus or Promise.	You must be at least 18 years of age, meet the financial eligibility, and level of care to enroll in this waiver.	You must be eligible for Division of Disability Determination Services (DDDS) services as well as meet the financial eligibility and level of care to enroll in this waiver. Most service recipients enroll in the Lifespan waiver when they exit school (18 years–22 years of age).	You must be eligible for DDDS services to access this service. Most of the service recipients using this are still in school (4 years–22 years of age) and are not yet enrolled Lifespan waiver.
<i>Location of Service</i>	You can get this kind of service in your home, in someone else’s home, a licensed child care setting, nursing facility, hospital, residential treatment facility, foster home, prescribed pediatric extended care, and group home.	You can get this kind of service at home and in nursing and assisted living facilities.	You can get this kind of service in your home, in someone else’s home, at a respite camp, in a shared living home, or at a home managed by a DDDS-approved provider. For people with significant medical needs, you may also be able to get facility-based respite for up to 15 days in a year.	You can get this kind of service in your home, in someone else’s home, or at a respite camp.

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<i>Access</i>	<p>Your caregiver is either paid by the agency where they are employed or, if in the self-directed model, by the Financial Management Services Agency.</p> <p>Limitations: Limited to 15 days or 285 hours per waiver year. Additional hours may be available based on medical necessity.</p> <p>Emergency respite is limited to 72 hours per episode, with a maximum of six 72-hour episodes per waiver year. Emergency respite is not included in the benefit limit.</p>	<p>Your caregiver is either paid by the agency where they are employed or, if in the self-directed model, by the Financial Management Services Agency.</p> <p>Limitations: Usually, you can only get up to fourteen (14) days of this kind of help during each year. Your MCO case manager may help you get more of this kind of care if they agree you need it.</p>	<p>Your caregiver is paid directly for providing this service.</p> <p>You may be able to get more of this service if DDDS agrees that you need it in order for you to stay healthy and safe.</p>	<p>Each respite request requires prior approval from DDDS.</p> <p>Your family pays for this care and then DDDS reimburses them directly.</p>

*Please note you can only receive respite services under one program at a time; otherwise, it is a duplication of services, which is not permitted by federal rules. If you have questions about your eligibility for respite services ask your MCO case manager and/or your DDDS service coordinator.

** Individuals enrolled in Medicaid are required to access respite services through the Medicaid benefit in which they are eligible.