



WHAT IS RESPITE?



Respite is a service to give the primary caregiver(s) a break from the stress of caring for a disabled family member.



Respite care provider(s) are chosen by the primary caregiver(s). (Typically, someone you already know and trust!)

These breaks allow the primary caregiver(s) time to tend to the needs of their other family member(s), spouses, and/or themselves.

The respite care worker takes care of your loved one so that you can run errands, take a class, go to dinner, go to a movie, or go on a vacation.



Benefits of Respite:

- Reduces stress, provides care, and assistance as needed.
- Caregiver(s) can balance their time between work and family.
- Safe place to go while you (the caregiver) enjoy a break from caregiving.
- Promote community involvement and improve care.



State Funded Respite

Who is eligible:

Everyone approved for DDDS services you can utilize state funded respite, until you are approved for another respite funding source.

Other respite funding sources: MCO Pediatric Respite, Lifespan Waiver, or LTSS.

Budget: \$2,250.00 per fiscal year, the fiscal year runs from July 1st to June 30th.

You choose the caregiver - often friends, family, neighbors, or prior teachers and other support professionals.

- Prior approval is required.
- DDDS will reimburse you after the service was provided.
- DDDS pays camps or other approved activities directly, after the service is provided.

Emergency Requests must be submitted as soon as possible prior to, or immediately following the requested respite date(s).

Requests will be reviewed based on availability of DDDS funds, individual family circumstances, and any previous usage during the current fiscal year.

DDDS has dedicated staff to help you with the enrollment, scheduling, and reimbursement process.

Contact:

DHSS_DDDS_RespiteRequest@delaware.gov

NCC: (302)933-3145 or Kent/Sussex: (302)933-3156

Medicaid MCO PEDIATRIC RESPITE

Who is eligible: Youth enrolled in Medicaid between birth to 22 years old diagnosed with a qualifying medical condition(s).

If your family does not qualify for Medicaid, your child may still qualify under **DSS Medical Assistance Programs: Children's Community Alternative Disability Program - Delaware Health and Social Services - State of Delaware**

If you are on the Lifespan Waiver or LTSS you are not eligible to receive services through this MCO Pediatric Respite benefit.

Budget: Your Medicaid Managed Care Organization (MCO) may approve up to 15 days or 285 hours of self-directed respite per waiver year. Additional hours may be available based on medical necessity.

Emergency respite is available up to a maximum of six 72-hour episodes per year and is not included in the benefit limit.

You can receive this service in your home, in someone else's home, or a licensed childcare setting.

Your caregiver is either paid by the agency where they are employed or, if in the self-directed model, paid by the Financial Management Services Agency.

Lifespan Waiver Self-Directed Respite and Personal Care

Who is eligible:

Service Recipients approved for the Lifespan Waiver can choose any combination of services within their budget for personal care, respite, and/or camp.

Budget: \$5,000.00 per fiscal year, the fiscal year runs from July 1st to June 30th.

Contact your Community Navigator for more information for how to access funding through the Lifespan Wavier.

What does "SELF DIRECTED" mean?

Self-Direction means *You* decide:

- How to spend your budget
- Who provides your supports
- How your supports are provided

You hire and supervise your own employee(s) and an AWC vendor handles all the payroll and billing tasks!

You have more Choice, Control, Flexibility, and Freedom!

You are in control of your life and how you live it!

Long-Term Services and Supports (LTSS)

Who is eligible: You must be at least 18 years of age, meet financial eligibility, and level of care to enroll in the LTSS waiver through Division of Medicaid and Medical Assistance (DMMA).

Please follow up with your MCO case manager to determine the number of hours of personal care and respite you may qualify for.

Please contact your Family Resource Coordinator with DDDS if you have questions.

FAQ

Can I utilize more than one funding source? No, you may only use one funding source at a time.

Which respite options cover camps? Camp is covered under state funded respite and the Lifespan Waiver. There are a variety of respite camps available. Please reach out to the DDDS Respite Coordinator, DDDS AWC Liaison, Community Navigator, or MCO provider for more information.

What if I need help everyday? State Plan Medicaid offers in home nursing and personal care through the 3 different Medicaid insurance plans. Please contact your MCO to discuss.