



DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid & Medical Assistance

New Medicaid Pediatric Respite Services

Family Session

May 2023

Respite Services Definition

- Services provided on a short-term basis to allow temporary relief from caretaking duties for a child's primary unpaid caregiver, parent, court-appointed guardian, or foster parent
- Available up to 24 hours a day, any time, and up to seven days a week and may include support in the home, after school, or at night as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above

Previous Respite Services through Department of Education

- Up until December 31, 2022, the Delaware Department of Education (DOE), through the Delaware Office of Statewide Autism Programs (DOSAP), provided respite services for children and adolescents with Autism Spectrum Disorder (ASD)
- As of January 1, 2023, DOE no longer provides these respite services

Current Pediatric Respite Services

- Effective January 1, 2023, the Delaware Health and Social Services (DHSS), through the Medicaid program will provide respite services
- Services for all eligible children and adolescents up to age 21
- Targeted to children with special needs
 - Complex medical conditions
 - Behavioral health conditions
 - ASD
- Can only receive respite services under one program at a time

Respite Options

Type of Respite *	Pediatric Medicaid Respite Benefit **	Diamond State Health Plan Plus (LTSS) **	DDDS Lifespan Waiver	DDDS State Funded
<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.
<i>Access</i>	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. Limitations: Limited to 15 days or 285 hours per waiver year. Additional hours may be available based on medical necessity. 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	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. 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.	Your caregiver is paid directly for providing this service. 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.	Each respite request requires prior approval from DDDS. Your family pays for this care and then DDDS reimburses them directly.

Respite Service Overview

	In-home Unskilled Respite	In-home Skilled Respite	Out of Home Respite	Emergency Respite
Scope	Unskilled support provided in a child's place of residence, in the home of respite provider, or home of a friend or family member for children with unskilled care needs.	Skilled support provided in a child's place of residence or home of a friend or family member for children with ongoing skilled medical and behavioral health needs that can only be provided by licensed or certified provider.	Skilled and unskilled support provided in a community setting or licensed facility.	Short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency.
Provider qualifications	Individual providers	Licensed/certified providers	<ul style="list-style-type: none"> Individual providers Licensed/certified providers Agencies/facilities 	<ul style="list-style-type: none"> Individual providers Licensed/certified providers Agencies/facilities
Prior approval required	Yes	Yes	Yes	No
Service limits	285 hours per waiver year	285 hours per waiver year	15 days per waiver year	72 hours per episode

Qualified Providers

- Individual providers
 - At least 18 years of age, Training specific to address the child's needs, Valid driver license (as needed), Criminal Background Check
- Licensed/certified providers including
 - RN, LPN, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, Registered Behavior Technician
- Agencies and facilities including
 - Community Mental Health Agencies, Community Mental Health Facilities, Community Foster Care Agencies, Home Health Agencies, Licensed Residential Treatment Facilities, Nursing Facilities, Hospitals, Home Health Agencies, Residential Care Facilities, Group Homes, Licensed Foster Home, PPEC

Qualified Providers

- Families are able to select their providers
 - Dependent on availability
 - Ability to meet needs of child/adolescent
- If having difficulty choosing a respite provider, your Medicaid Managed Care Organization (MCO) will help you choose a respite provider

Managing Services

- Families have the option to self-direct their care, which means they can:
 - Hire family members, neighbors, or friends as providers
 - Direct how services are provided
- Support is provided by a Financial Management Service (FMS)
 - Easter Seals
 - JEVS Human Services
 - GT Independence

Requirements to Receive Medicaid Pediatric Respite Services

- Must be enrolled in Medicaid and with an MCO to receive Medicaid pediatric respite services
- If your child doesn't qualify for Medicaid, Division of Developmental Disabilities Services (DDDS) currently offers a limited respite benefit that your child may be eligible to receive
- Option to use private insurance
 - If your child does not qualify for Medicaid, we encourage you to check to see if respite benefits are covered under any available private insurance

What is Covered Under Medicaid

- In addition to pediatric respite services, under Medicaid you can receive
 - Doctor visits
 - Hospital Care
 - Labs
 - Prescription Drugs
 - Routine shots
 - Mental Health and Substance Abuse Services
 - Transportation

Medicaid Managed Care Organization Partners and Information

- Medicaid MCOs
 - AmeriHealth Caritas
 - Highmark Delaware Health Options
 - Delaware First Health
- Members can change MCO within 90 days of the initial enrollment
- Open enrollment annually in October
- Contact your MCO case manager for questions about respite

List of Contacts

Name	Agency	Email
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Questions?